

---

# Healthcare Revenue Cycle Management: 2015

---



---

# Table of Content

Introduction	3
Key Findings	4
What Modules are Considered Part of Revenue Cycle Management?	5
Modules that Make Up RCM	7
Summary	12
Adopting Alternative Payment Models for Value-Based Care	13
Vendors Helping with Alternative Payment Models	14
Summary	27
Impact of Value-Based Reimbursement Model	28
Summary	32
Ousourcing RCM	33
Issues to Address in Order to Improve RCM	34
Conclusion	35
Appendix A: Job Titles and Facility Sizes of Vendors in this Report	36
Appendix B: Vendors Voice	37
Appendix C: Other Vendors in this Report	48
Appendix D: Facilities Included in this Report	50

---

# Introduction

The Revenue cycle management (RCM) market is growing and providers' needs are changing. This is prompted by consolidation of healthcare providers, a decline in reimbursement rates, and changes in how hospitals are paid.

In this new report from peer60, providers shared their opinions on the impact alternative payment models will have, as well as which areas providers will need to outsource in the future, and which areas need to be addressed to improve RCM.

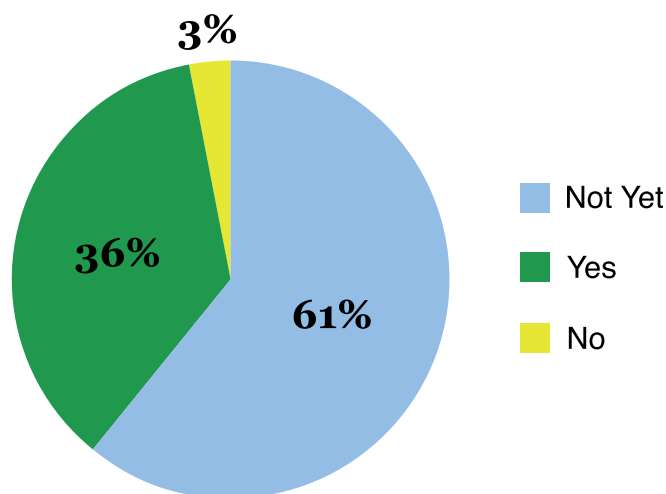
As providers face the challenges presented by these new payment models, they will require help from RCM vendors far beyond what's historically been provided from these firms. Currently, many providers are using The Advisory Board, however, many other vendors are on the radar as well. In this report, we will discuss market share and mind share trends in the RCM market.

This report outlines providers' expectations of their RCM vendors. Moving toward alternative payment models is a huge challenge for CFOs, VPs of Finance and others that deal directly and indirectly with RCM. The data in this report reflects the thoughts of those providers.

---

## Adopting Alternative Payment Models

---



---

## Key Findings

- Providers have high expectations of RCM vendors and require them to incorporate a long list of items into their RCM solutions. Payments, collections, denial management, claims, eligibility and benefits, and registration topped providers' lists.
- Overall providers are moving toward alternative payment models. Some have already begun to adopt them, but the vast majority said they have not yet begun the process and will do so in the future.
- As providers are moving toward alternative payment models they need help from vendors. Only 22% percent have moved down the path towards value-based reimbursement and the Advisory Board Company tops the list of companies hospitals are leaning on to help them make this transition. Those that plan to adopt a vendor are also considering Advisory Board, but Truven Health and MedAssets are also on providers' short-list.
- Moving to a value-based reimbursement model is expected to have a seismic impact on organizations. To deal with that providers need to reduce their capital spend, look at the ROI they get from IT vendors, and determine if they should outsource RCM.
- Providers identified issues that need to be addressed to improve overall RCM. The most prominent issue was (not surprisingly) ICD-10, but other issues, such as improving the patient experience were important as well.

---

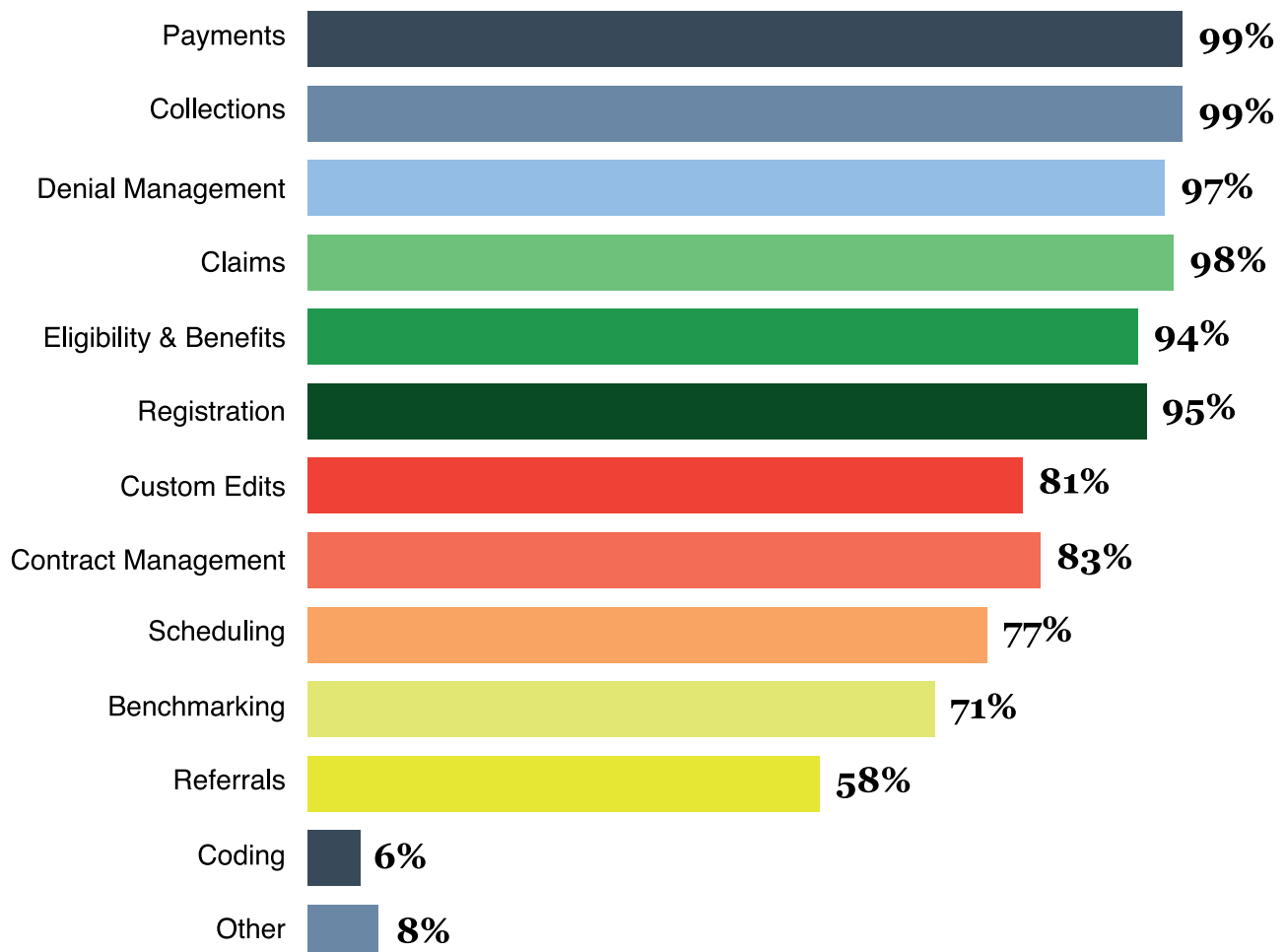
## What Modules are Considered Part of Revenue Cycle Management?

When providers were asked which pieces they considered to be part of revenue cycle management (from the following list: payments, collections, denial management, claims, eligibility and benefits, registration, custom edits, contract management, scheduling, benchmarking, referrals, and coding), 6 of the 12 items were chosen by over 90% of providers. Payments, collections denial management, claims, eligibility and benefits, and registration were identified as part of revenue cycle management by almost all providers.

---

### Modules Considered Part of RCM - Overall

---



---

Contract management is considered to be part of revenue cycle management by 83%, custom edits by 81%, scheduling by 77%, and benchmarking by 71%. Referrals are considered to be part of revenue cycle management by only 58%.

---

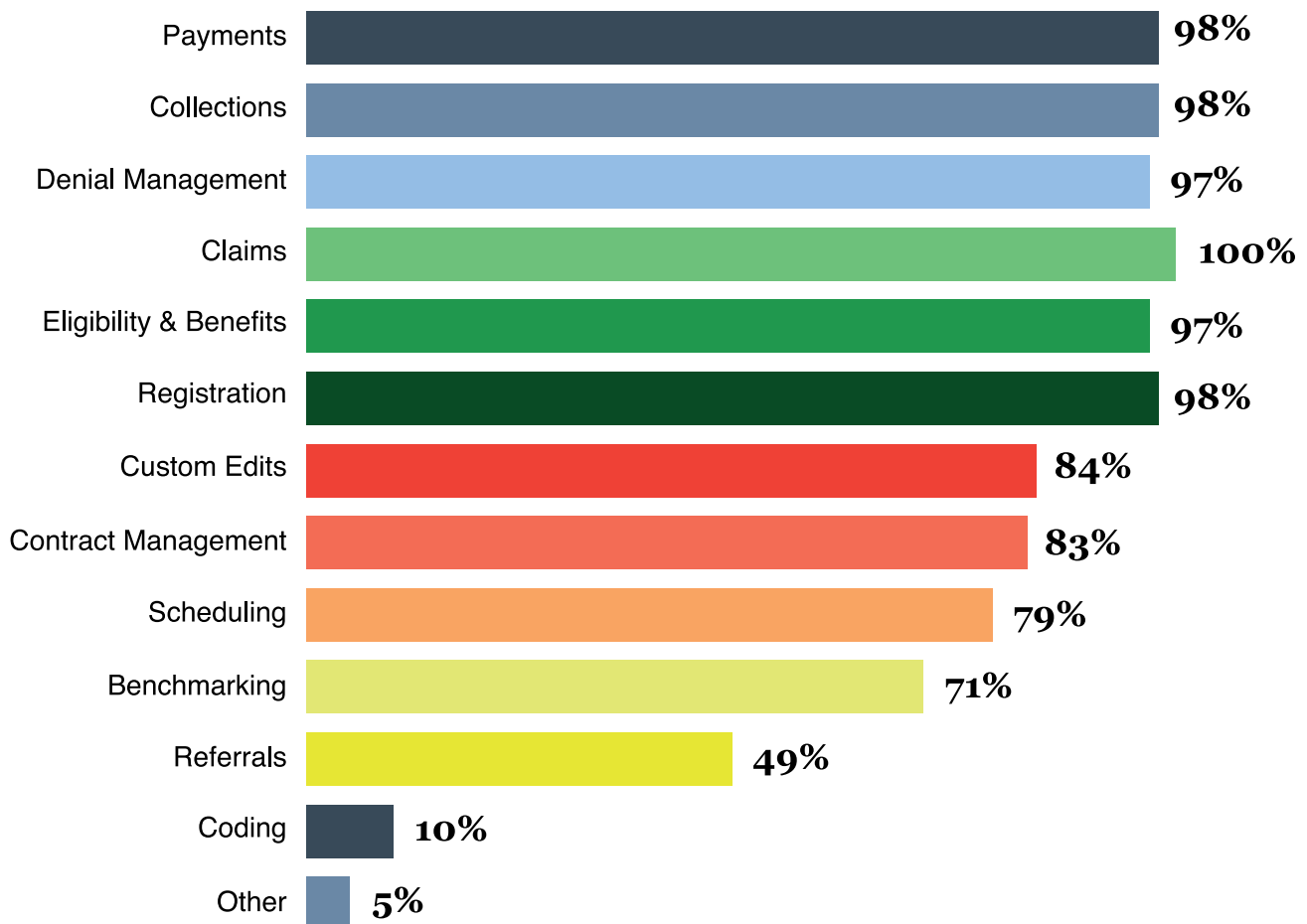
## Modules that Make Up RCM

Over 90% of CFOs said payments, collections, denial management, claims, eligibility and benefits, and registration are considered part of revenue cycle management. 84% said that custom edits and contract management are considered a part of revenue cycle management, 79% said scheduling, and 71% said benchmarking. Only 49% said referrals is part of RCM, and 10% said coding is.

---

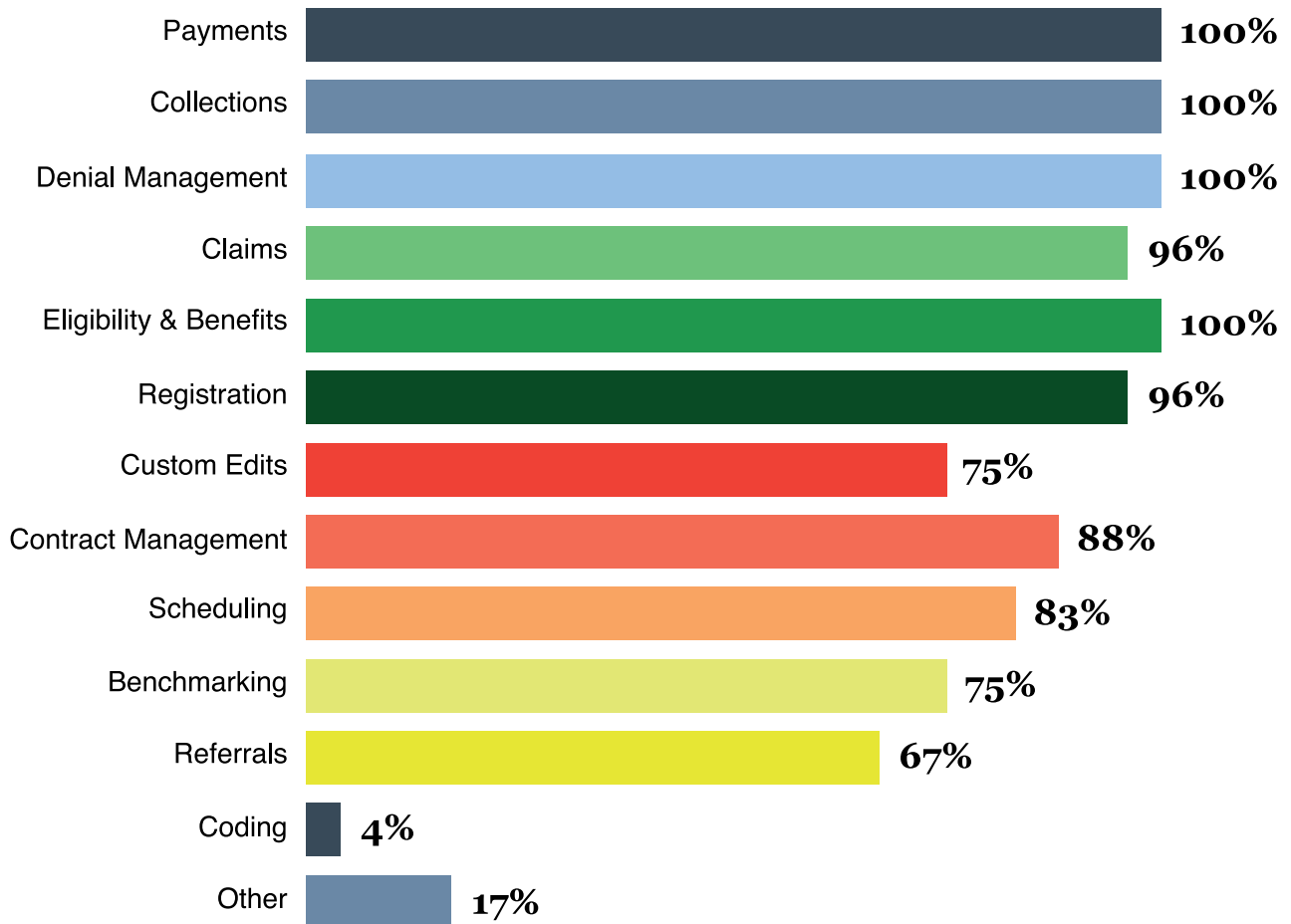
### Modules Considered Part of RCM, by job title - CFO

---



Over 95% of finance VPs said that payments, collections, denial management, claims, eligibility and benefits, and registration are all part of RCM. 88% said that contract management and 83% said that scheduling are part of RCM. 75% of finance VPs reported that custom edits is part of RCM, 75% said benchmarking and 76% said referrals. 4% identified coding as part of RCM.

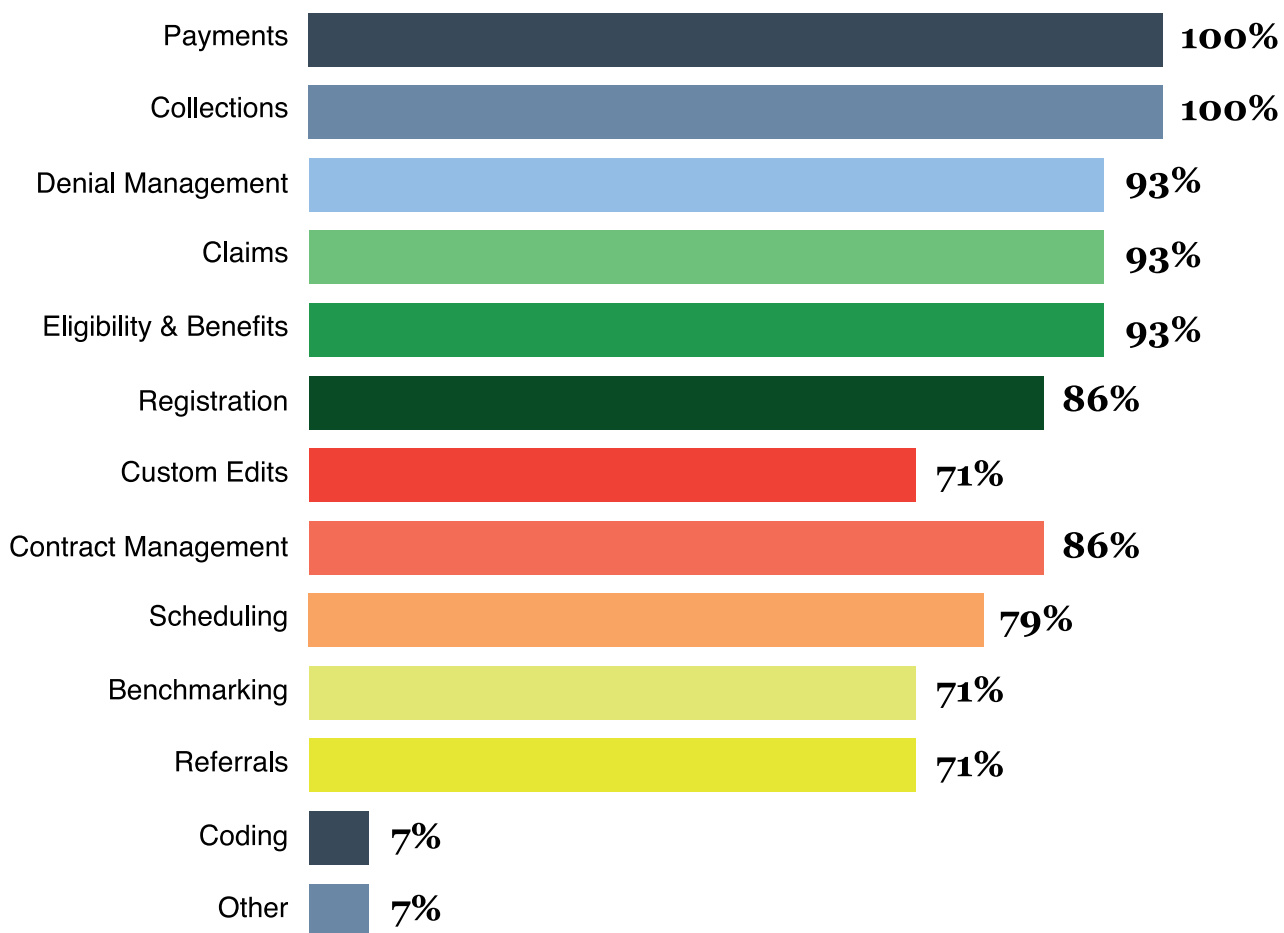
### Modules Considered Part of RCM, by job title - VP of Finance





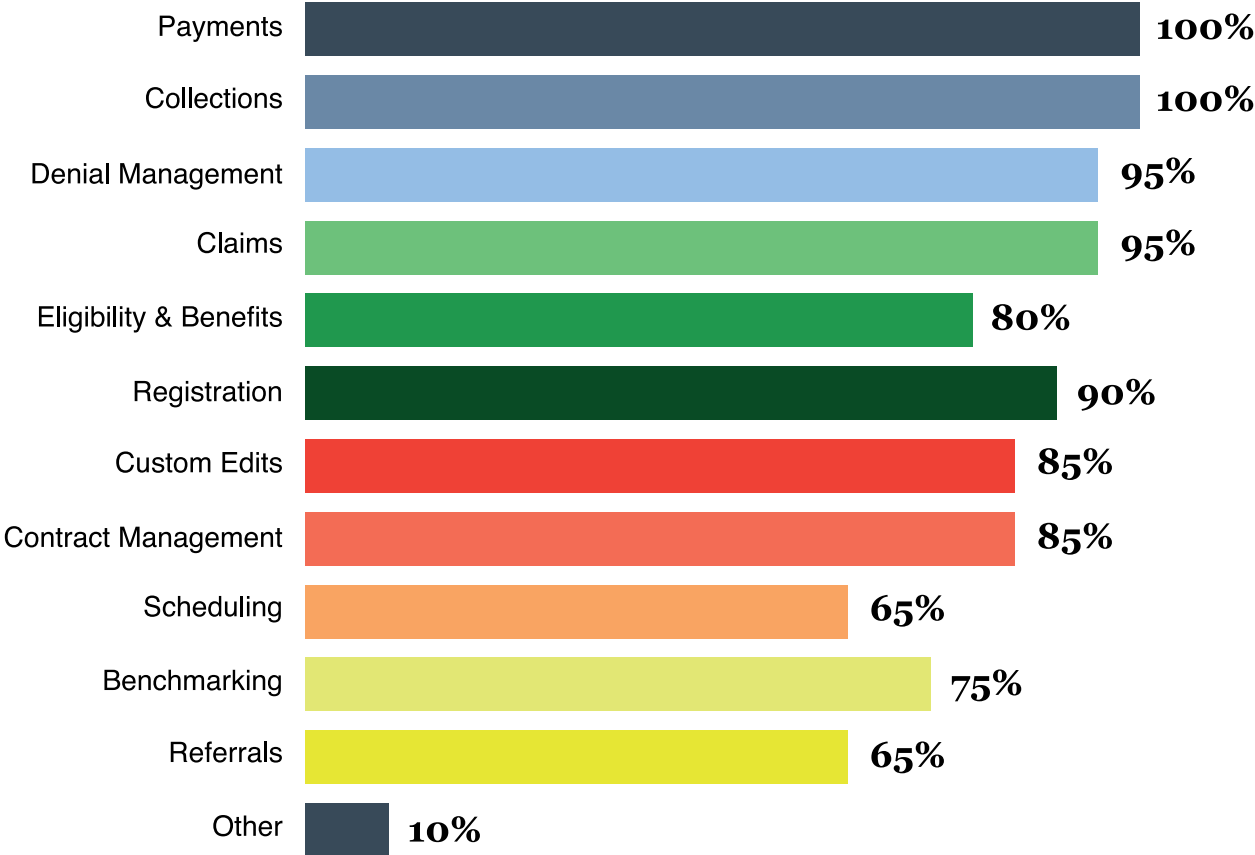
Over 90% of practice managers said that payments, collections, denial management, claims, and eligibility and benefits are part of RCM. 86% said registration and contract management are part of RCM and 72% said scheduling. 64% said custom edits, benchmarking, and referrals were part of RCM. 9% said coding was part of RCM.

### Modules Considered Part of RCM, by job title - Practice Manager



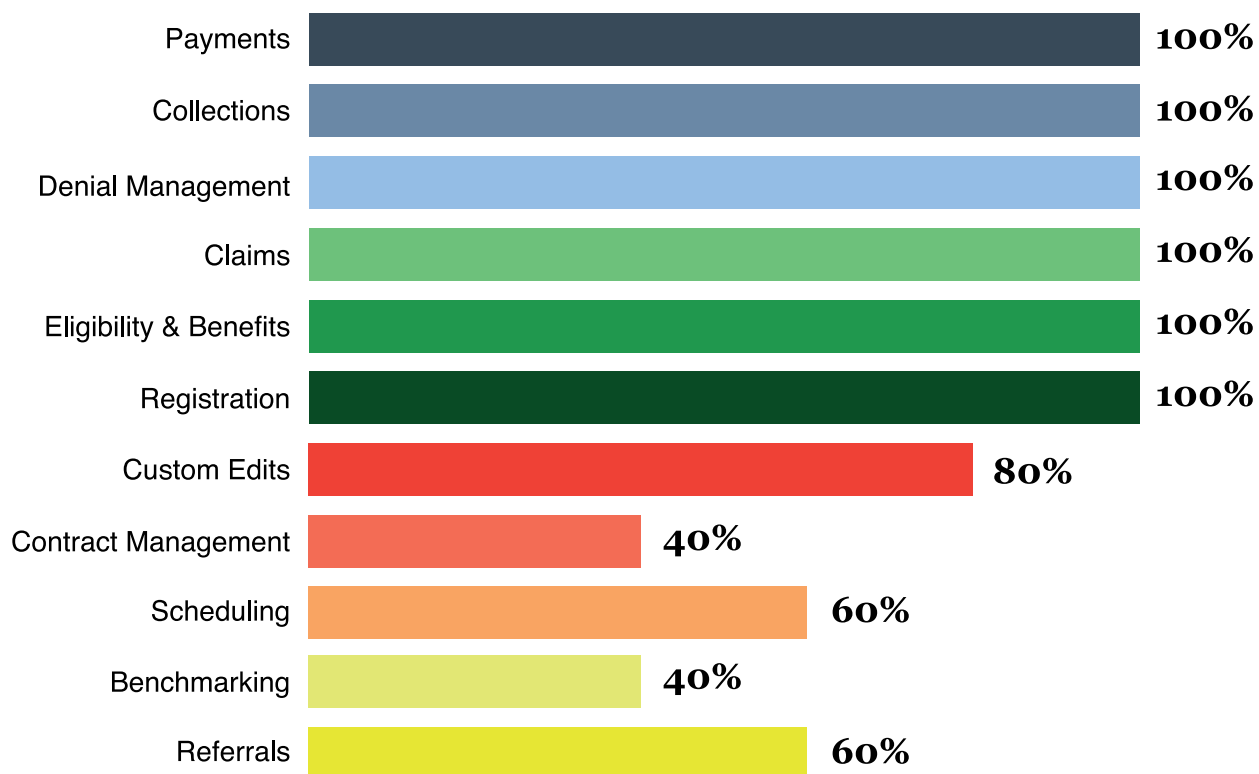
Over 90% of financial administrators said that payments, collections, denial management, and claims are part of RCM. Registration was chosen by 90% of financial administrators. 88% said contract management is part of RCM, and 85% said custom edits and contract management are part of RCM. 80% said that eligibility and benefits are part of RCM, 75% chose benchmarking, 65% chose referrals, and 65% chose scheduling.

**Modules Considered Part of RCM, by job title - Financial Administrator**



100% of CEOs said that payments, collections, denial management, claims, eligibility and benefits, and registration are part of RCM. Custom edits were chosen by 80%, scheduling and referrals by 60%, and contract management and benchmarking by 40%.

**Modules Considered Part of RCM, by job title - CEO**



---

## Summary

Out of the modules listed for providers to choose from, almost all of them were considered to be part of RCM by the providers in this report. All providers in the RCM space have high expectations and need vendors to fulfill many obligations to help them get the job done so they can survive and eventually even thrive.

---

# Adopting Alternative Payment Models for Value-Based Care

36% of hospitals reported that they are adopting alternative payment models. 60% said they are not yet adopting such a payment model, but they will be in the future. Only 4% said they would not adopt alternative payment models and those organizations paint a rather bleak view of the future.

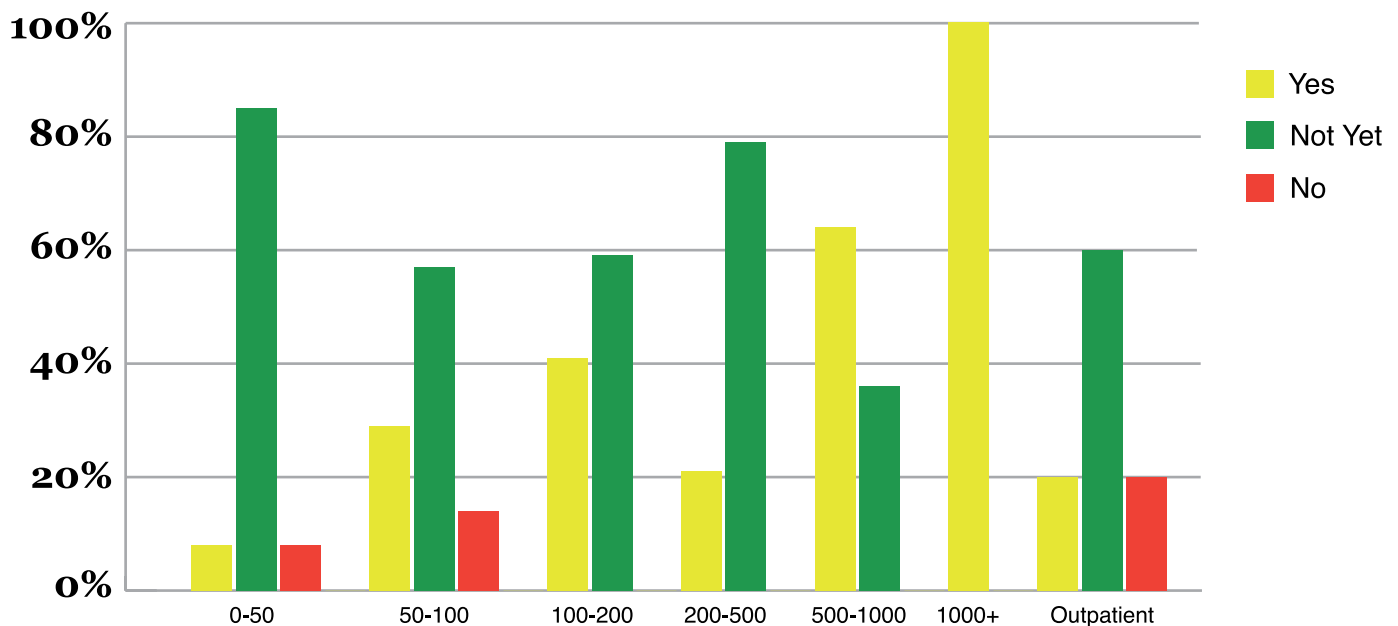
Not surprisingly, those in facilities with greater than 500 beds were already on the road to adopting alternative payment models. 100% of those in hospitals with 1000 beds and greater, and 64% of those in hospitals with 500-1000 beds, said they would be going toward an alternative payment model.

On the other hand, those with fewer than 500 beds had not yet started to adopt alternative payment models, but they planned to in the future. Only a handful of providers said they would not adopt an alternative payment model, and most of those were in outpatient facilities or hospitals with fewer than 100 beds.

---

## Adopting Alternative Payment Models, by facility size

---



---

# Vendors Helping with Alternative Payment Models

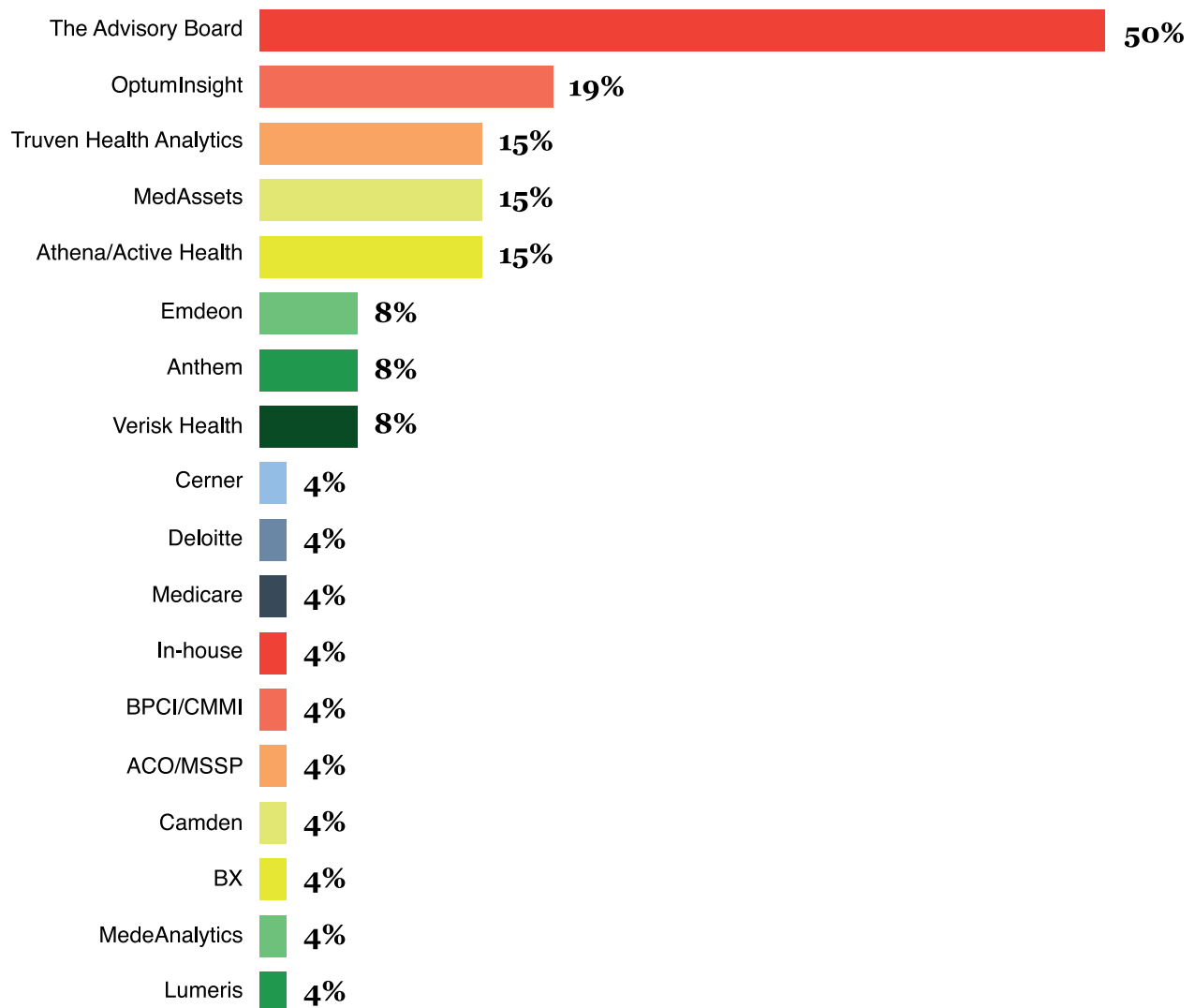
## Market Share Leaders

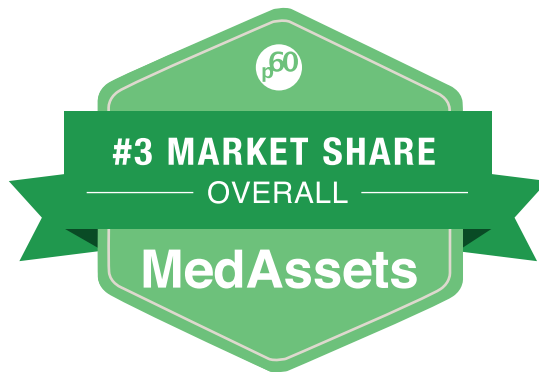
Only 22% of providers have already adopted a vendor to help them with alternative payment models, and of those that have, 50% were using Advisory Board. The remainder of the market share was spread out among a wide variety of vendors. OptumInsight was second in market share with 19%. Truven Health Analytics, Aetna/Active Health, and MedAssets all had 15% of the market and were third in market share.

---

### Market Share Leaders - Overall

---





---

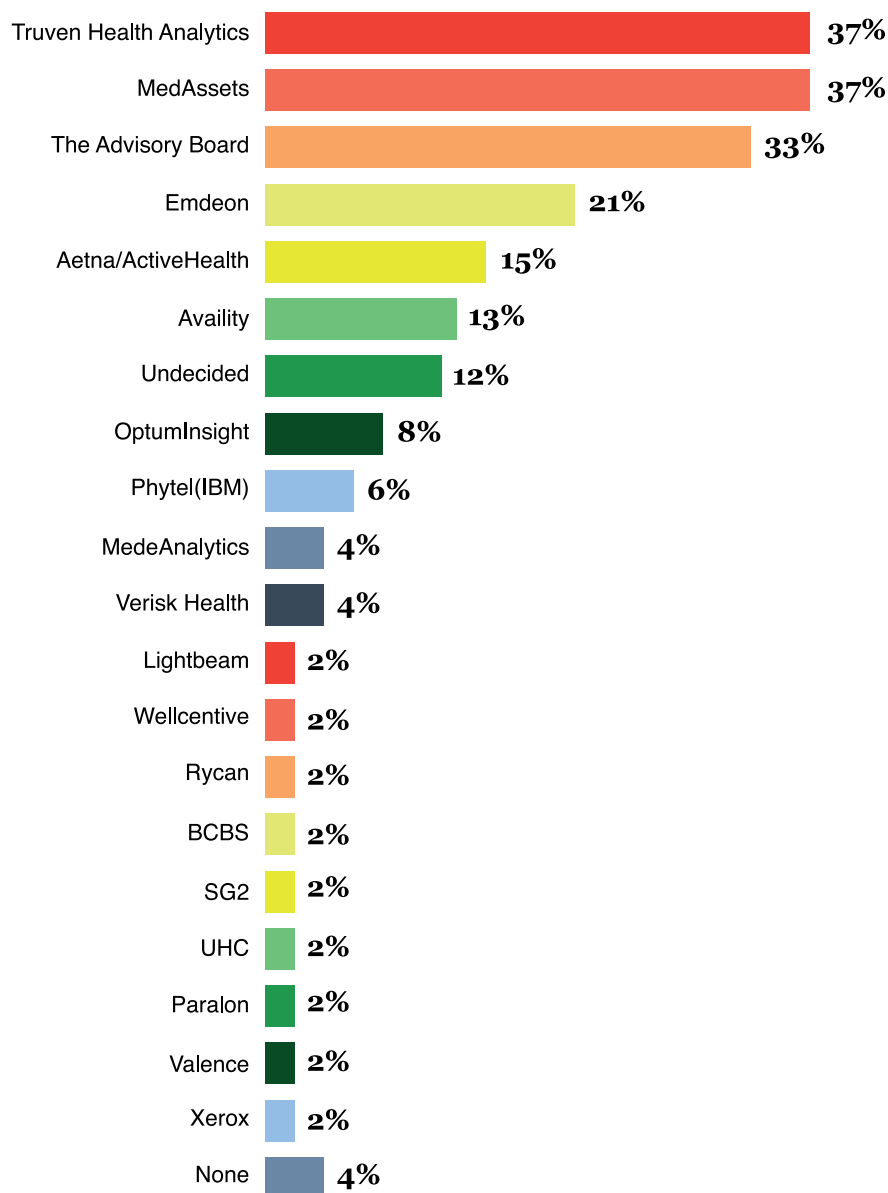
## Mind Share Leaders

Because so many hospitals are moving toward alternative payment models, many are looking at which vendors can help them, and it's encouraging to see a rather large number of companies that healthcare organizations feel can help them. Overall, MedAssets and Truven Health Analytics tied as the most popular option at 37%. The Advisory Board was second in mind share overall at 33%, and Emdeon was third with 21%.

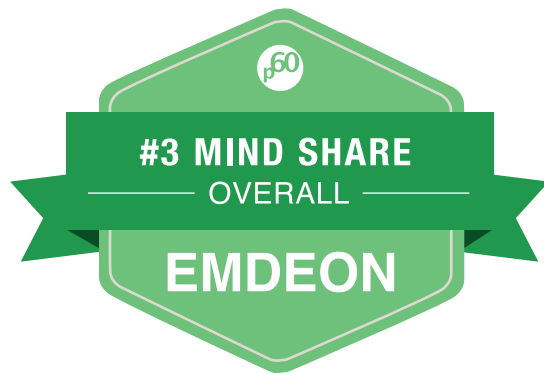
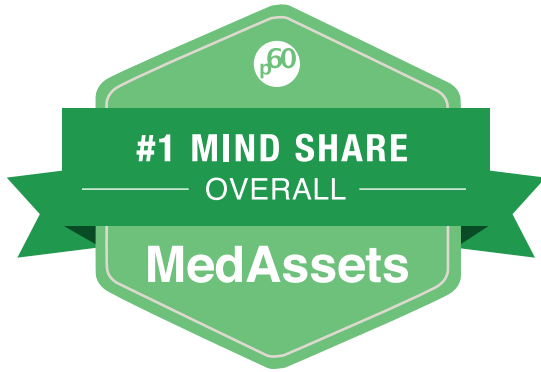
---

### Mind Share Leaders - Overall

---







---

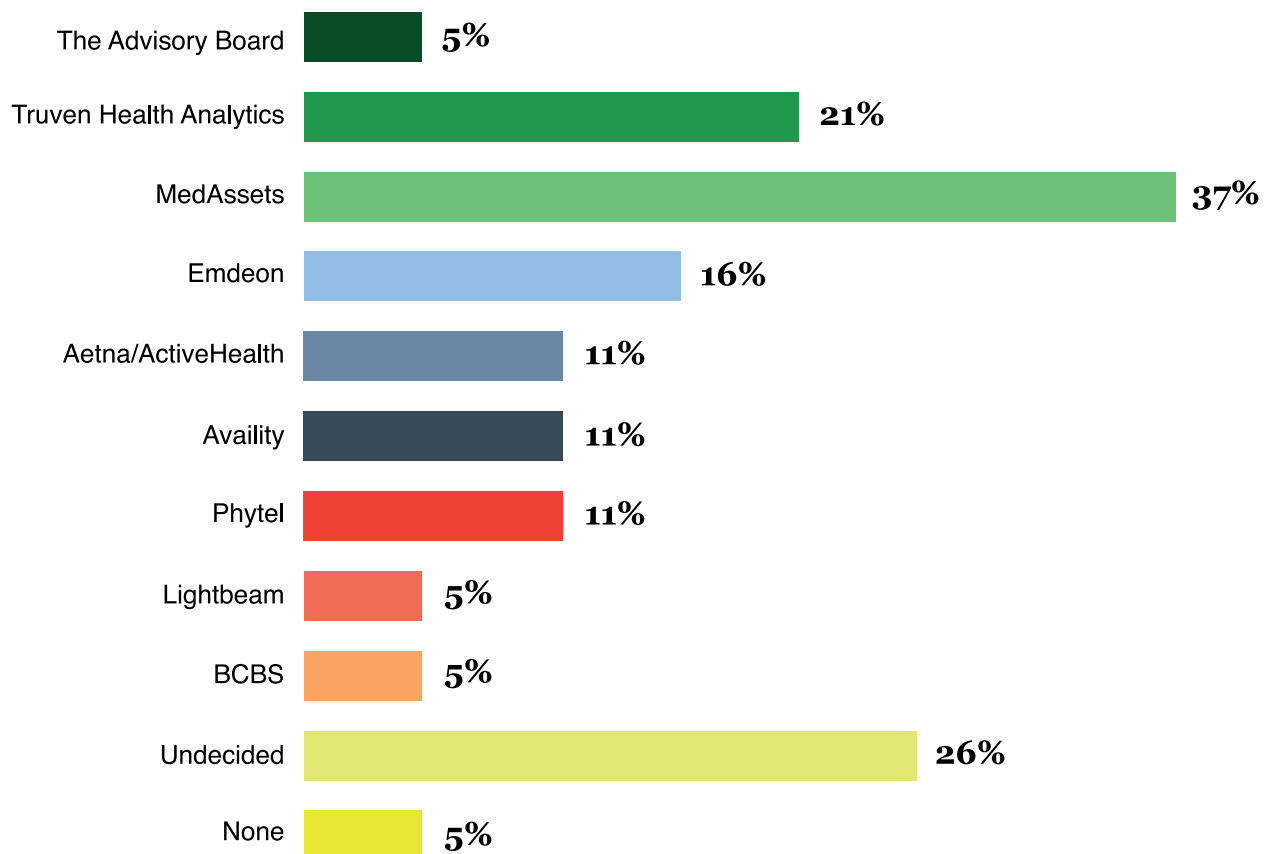
## Mind Share Leaders by Facility Size

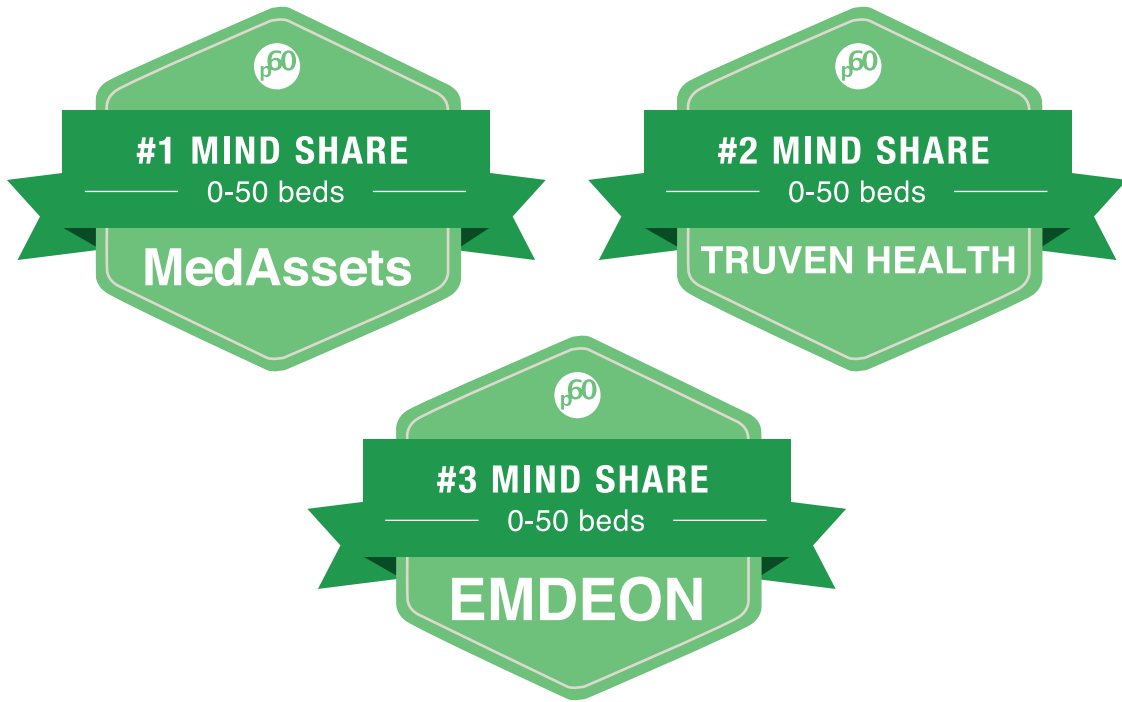
Hospitals with 50 beds or fewer were most likely to consider MedAssets as their vendor of choice (37%). Truven Health Advisors was second with 21%. Emdeon was third in mind share with 16%. 26% had not yet decided which vendors they would consider.

---

### Mind Share Leaders, by facility size (0-50 beds)

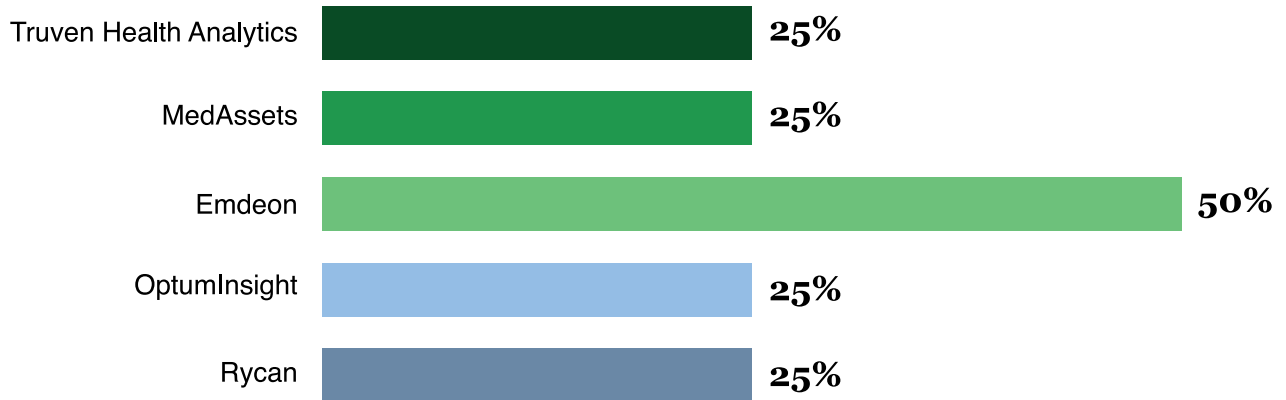
---





Emdeon was the top choice of those hospitals with 51-100 beds with 50% selecting that option. Truven Health, MedAssets, OptumInsights, and Rycan all tied for second in mind share at 25% (though each with only one vote apiece).

**Mind Share Leaders, by facility size (51-100 beds)**



Vendors must have at least 2 votes to receive a badge

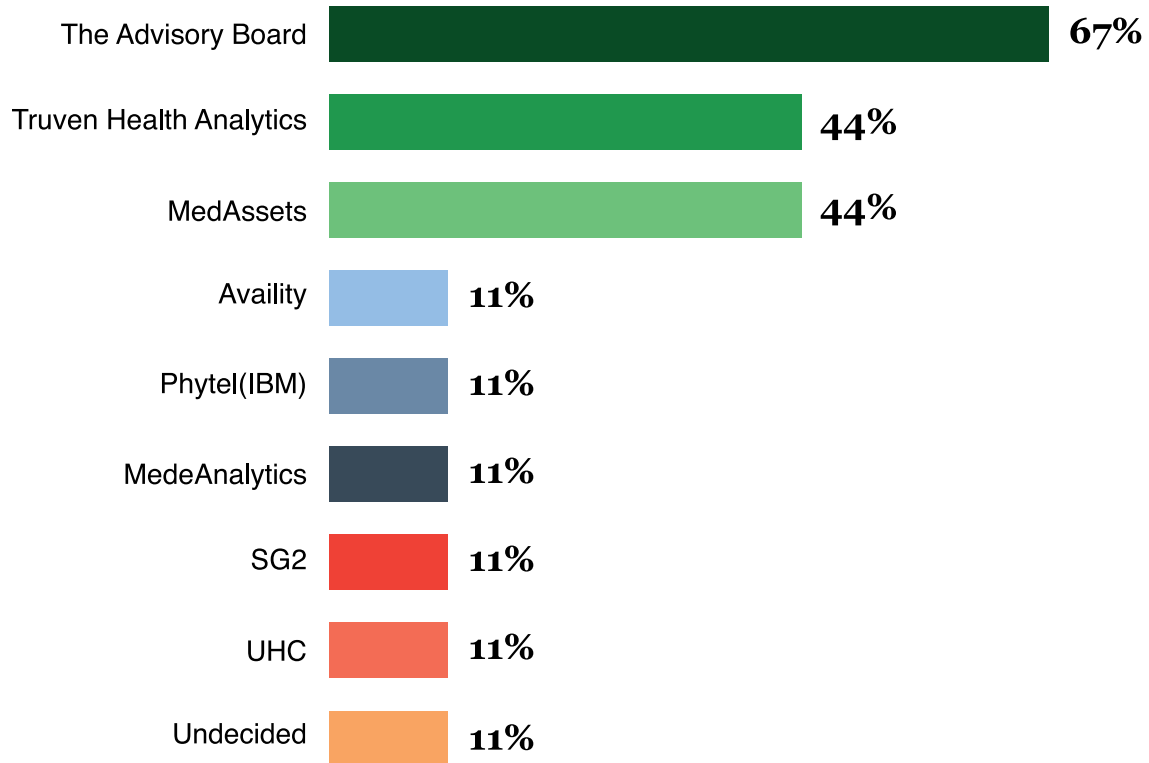
---

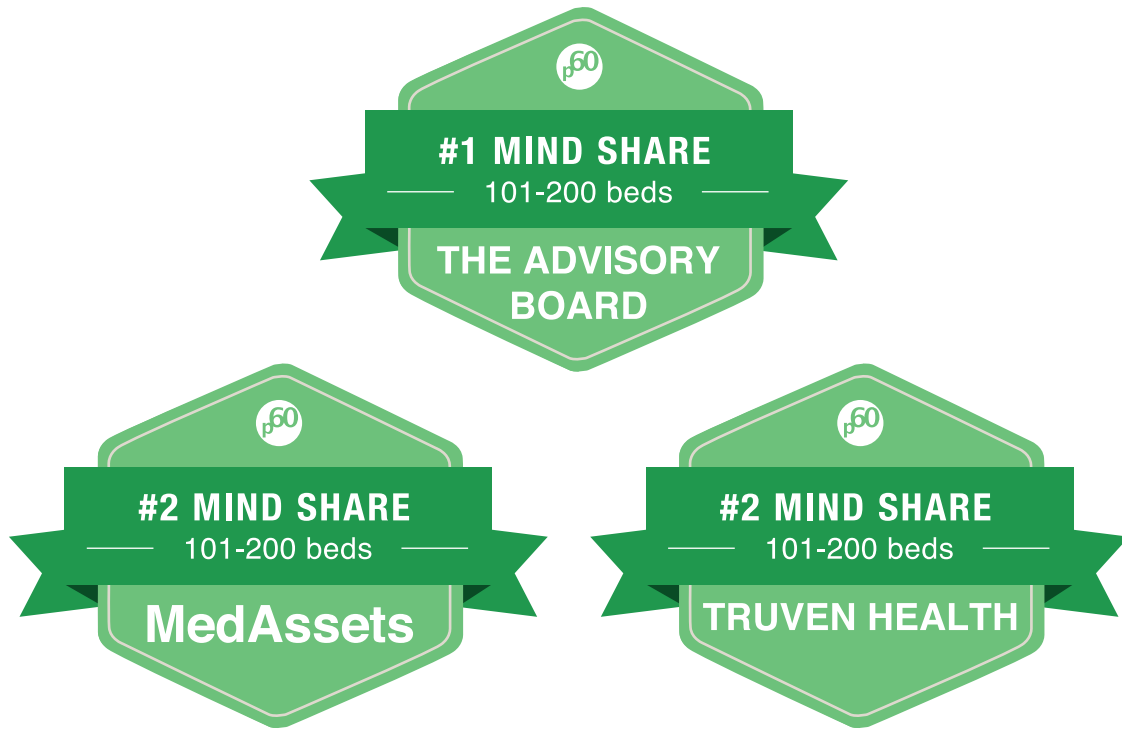
The Advisory Board was the top choice of hospitals with 101-200 beds. Truven Health and MedAssets were second in mind share with 44%. Availity, Phytel, MedeAnalytics, SG2, and UHC each had one vote to tie for third in mind share.

---

**Mind Share Leaders, by facility size (101-200 beds)**

---





Vendors must have at least 2 votes to receive a badge

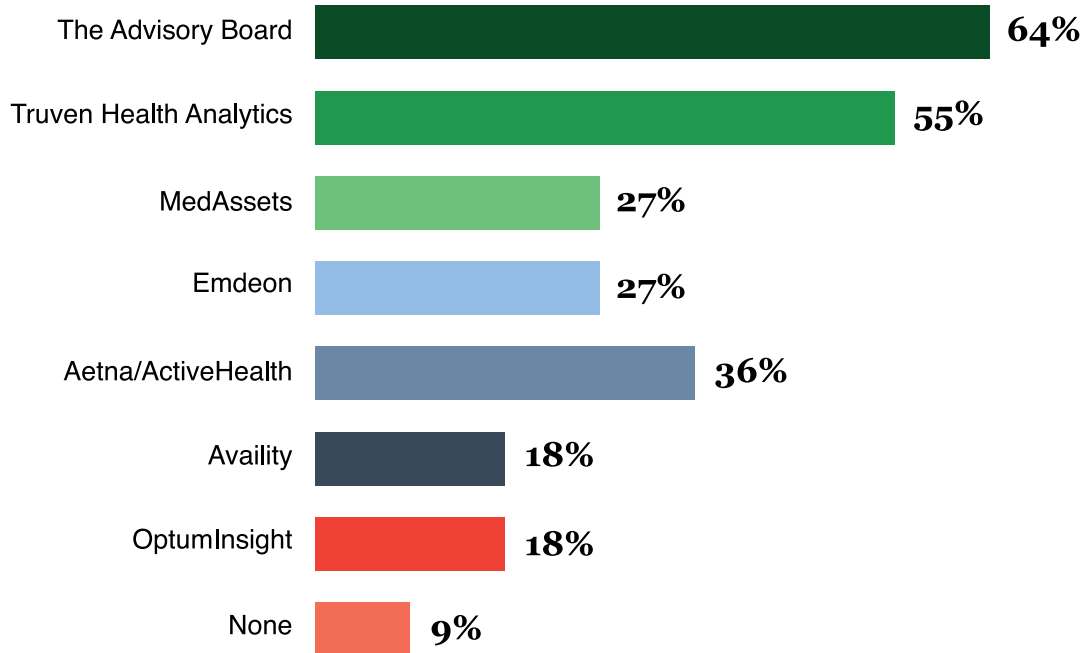
---

For hospitals with 201-500 beds, The Advisory Board was the mind share leader with 64%. Truven Health is second in mind share with 55%, and Aetna is third with 36%.

---

**Mind Share Leaders, by facility size (201-500 beds)**

---







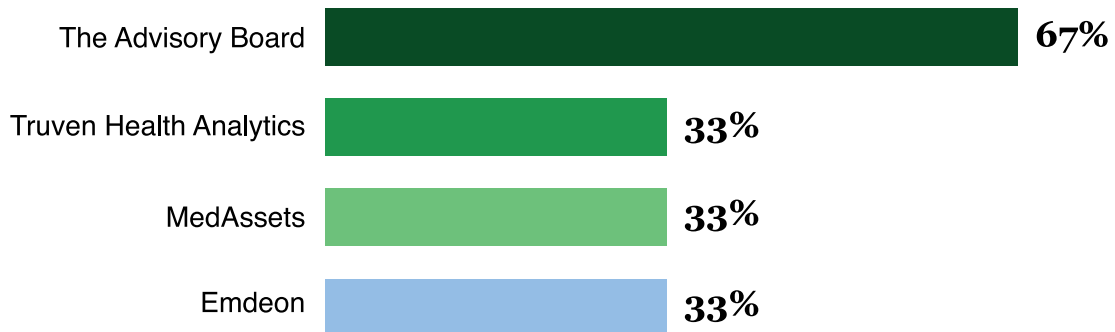
---

The Advisory Board was the top choice for those in hospitals with 501-1000 beds. Truven Health, MedAssets, and Emdeon were also mentioned, but by only one provider each.

---

**Mind Share Leaders, by facility size (501-1000 beds)**

---



Vendors must have at least 2 votes to receive a badge

---

Providers in outpatient facilities said they would consider Emdeon, Aetna, and Availity. Each vendor was mentioned only once.

---

**Mind Share Leaders, by facility size (outpatient)**

---



Vendors must have at least 2 votes to receive a badge

---

## Summary

The Advisory Board was the top choice for those facilities with more than 100 beds.

Truven Health was also a contender for hospitals with 101-500 beds. Hospitals with fewer than 100 beds were most likely to look at MedAssets, Truven Health or Emdeon. Though there are some leaders in mind share, there are also many providers that are looking at a wide variety of vendors.

---

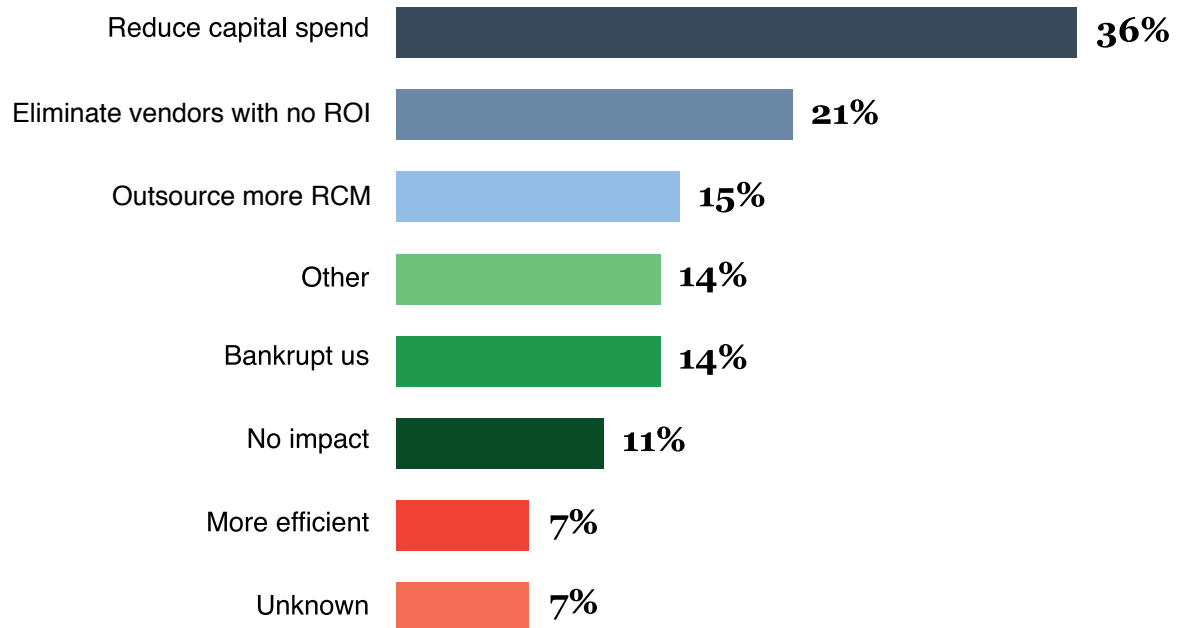
# Impact of a Value-Based Reimbursement Model

As providers plan to move toward value-based payment models, they are keenly aware that it will have a significant impact on their organization. Overall, providers note 36% of providers said that they will have to reduce their capital spend. 21% of hospitals said that they will need to eliminate vendors that are not producing an ROI. 15% of hospitals said that they would need to outsource more of their revenue cycle management. 14% of providers thought that the changes will cause them to go bankrupt. 11% thought it would have no impact on their hospital.

---

## Impact of a Value-Based Reimbursement Model - Overall

---



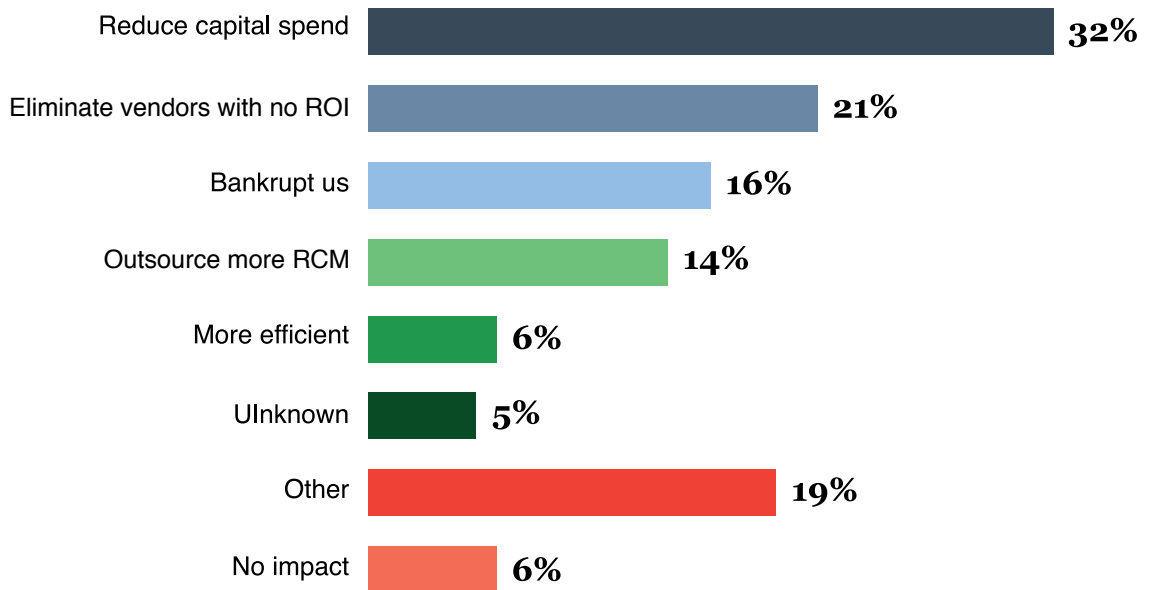
---

CFOs were most likely to say they will need to reduce capital spending as they move toward value-based reimbursement models, with 32% who chose that option. 21% said that they will need to eliminate IT vendors that are not demonstrating an ROI. 14% felt that they would need to outsource more of their RCM. 14% thought they would be bankrupt as a result of a value based reimbursement model. 6% said they would need to be more efficient, or that it would have no impact on their organization.

---

**Impact of a Value-Based Reimbursement Model, by job title - CFO**

---



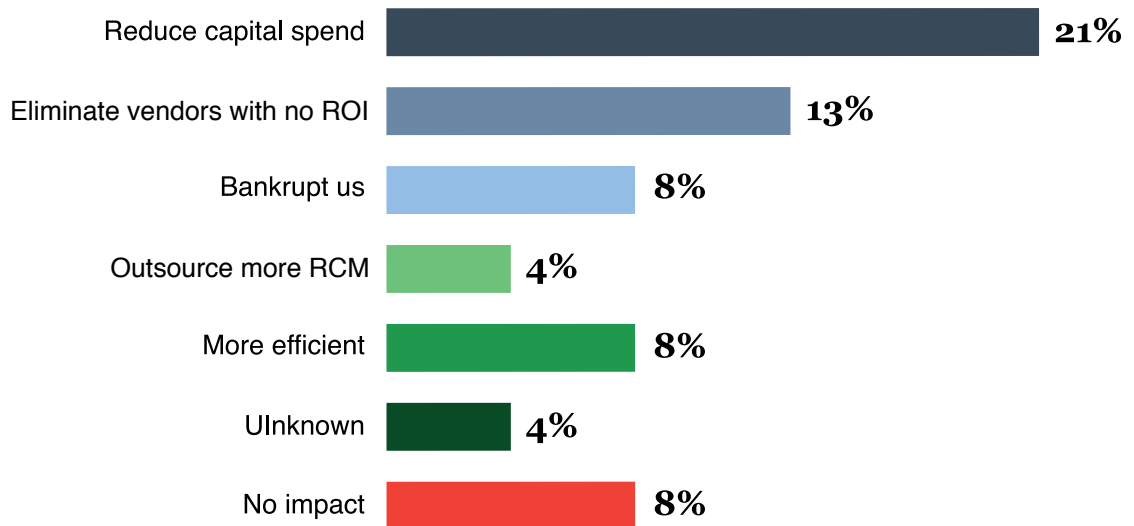
---

21% of finance VPs said the impact of a value-based reimbursement model is that they will need to reduce their capital spend. 13% said they will need to eliminate IT solutions that are not producing an ROI. 8% said they will need to be more efficient and 8% said they might go bankrupt. 4% said they will outsource more RCM. 8% felt that a value-based reimbursement model would have no impact.

---

**Impact of a Value-Based Reimbursement Model, by job title - VP of Finance**

---



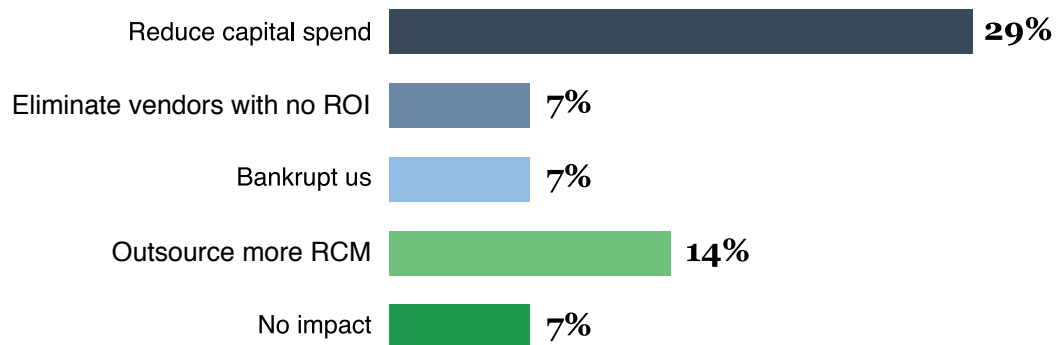
---

29% of practice managers said they will need to reduce capital spend to deal with the impact of a value-based reimbursement model. 7% said they would need to eliminate IT vendors that do not demonstrate ROI, or that they would outsource more of their RCM. 7% also mentioned that they might be bankrupt.

---

### Impact of a Value-Based Reimbursement Model, by job title - Practice Manager

---



Only a few CEOs shared their opinions on the impact of a value-based reimbursement model. One said that they would reduce their capital spend, and one said there would be no impact.

---

### Impact of a Value-Based Reimbursement Model, by job title - CEO

---



---

## Summary

Moving toward a value-based reimbursement model is sure to have an impact on hospitals and how they operate, and most felt the biggest impact would be on their spending ability and will force them to be even more judicious in their capital outlays. Though not mentioned nearly as often, some providers said they will need to give more attention to the ROI they see from their IT vendors implying the need for these companies to materially alter their solutions and services. Several CFOs felt that they might be bankrupt due to the changes while VPs of finance were less concerned and several said it would have no impact.



---

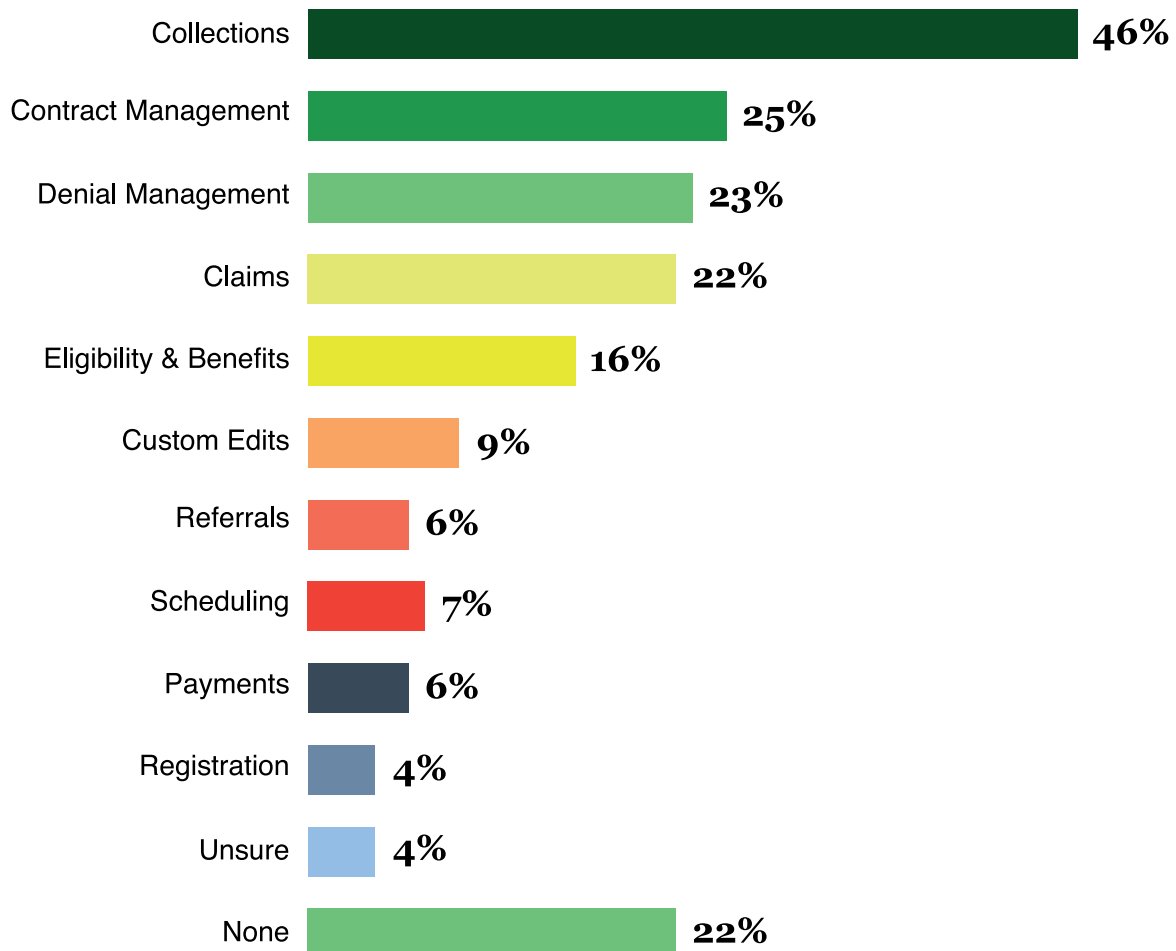
# Outsourcing RCM

As providers contend with alternative payment models, some will need to look at outsourcing some of their RCM. The top item providers will consider outsourcing is collections, which was chosen by nearly 46% of providers. 25% will consider outsourcing contract management and denial management. 22% will consider outsourcing claims and 16% said eligibility and benefits. Other items would be considered by only a handful of providers. Overall, besides collections, outsourcing of RCM does not seem to be a huge trend.

---

## RCM Areas Providers will Consider Outsourcing - Overall

---



---

# Issues to Address in order to Improve RCM

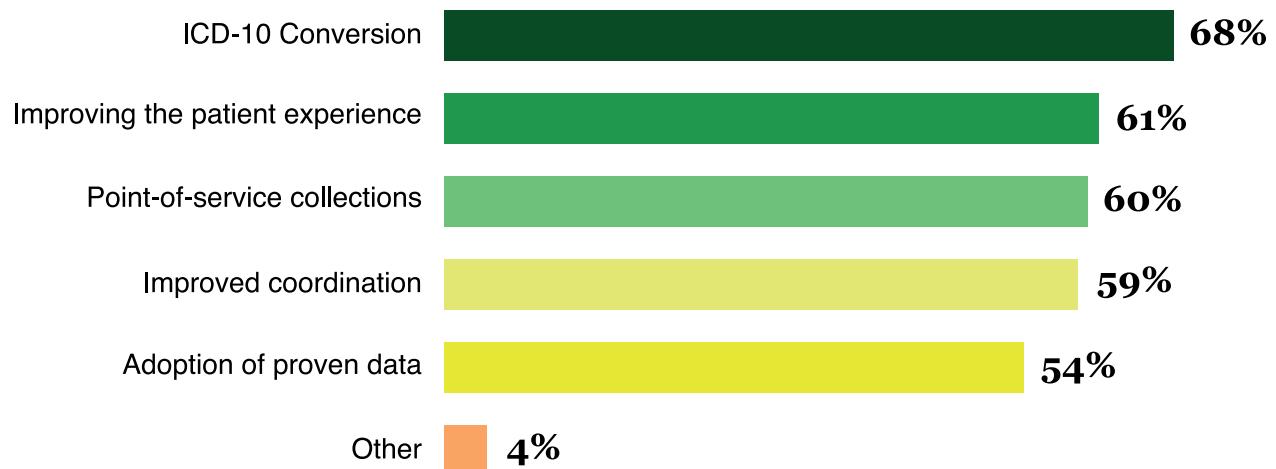
As RCM evolves along with the rest of healthcare, providers would like to see improvement in certain areas. As the ICD-10 deadline looms, 68% of providers said that ICD-10 Conversion is an area that still needs to be addressed. As value-based care becomes the norm, 61% of providers would like to focus on improving the patient experience. Point-of-service collections is an area of improvement for 60% of providers.

As bundled payments become a reality, it is not a surprise that 59% of providers said that improved coordination with finance, operations and clinicals teams was an area they needed to improve. Adoption of proven data analytics solutions was a focus for 54% of providers.

---

## Issues to Address to Improve RCM

---



---

## Conclusion

Revenue cycle management is in a state of rapid transition. As payment models shift in response to healthcare reform, providers will need more help than ever from RCM-focused vendors. The Advisory Board is the vendor that currently has the most market share. However, the majority of providers have not yet chosen a vendor to help them make the (painful) move towards value-based reimbursements. The top vendors being considered for the future are MedAssets and Truven Health. However, Advisory Board follows closely in the minds of many providers.

As providers move toward a value-based payment system, the impact will mainly be seen on their bottom line as many said they will have no other choice but to reduce spending. Others mentioned that they will be paying more attention to which vendors really deliver the results (ROI), and will eliminate those that do not.

In response to the challenges that lie ahead, some providers will consider outsourcing some components of RCM, mainly collections. Providers also shared their opinions on issues that need to be addressed to improve RCM. The issue that topped the list was ICD-10 conversion. However several other items were important as well such as improving the patient experience, collecting payment at point-of-service, improving coordination with operations, clinical and finance teams, and adopting data analytics solutions.

Where change exists so does opportunity and given the sheer magnitude of change that payment reform represents, the opportunity for vendors is truly vast. This report shares many details of providers needs and future plans. However, much more data is available. If you want to see more of the data that didn't make it into this report, contact Jeremy Bikman ([jbikman@peer60.com](mailto:jbikman@peer60.com)) for more information.

---

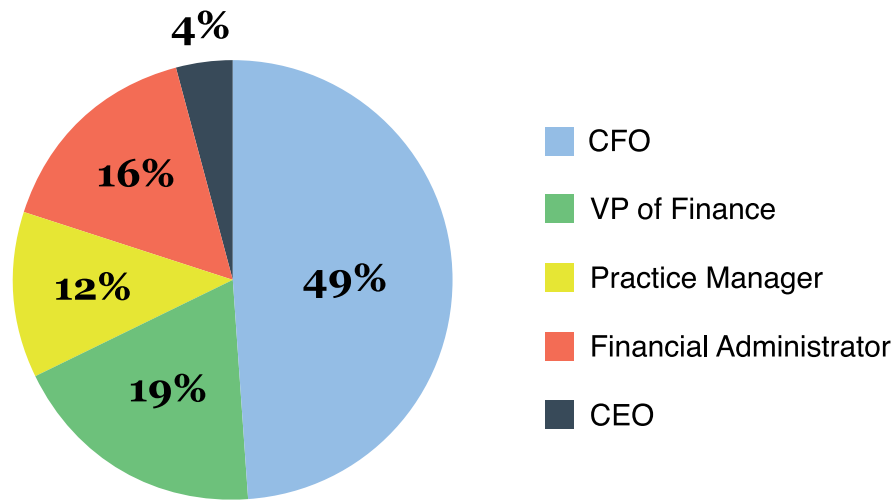
# Appendix A: Job Titles and Facility Sizes of Providers in this Report

---

## Job Titles - Overall

---

---

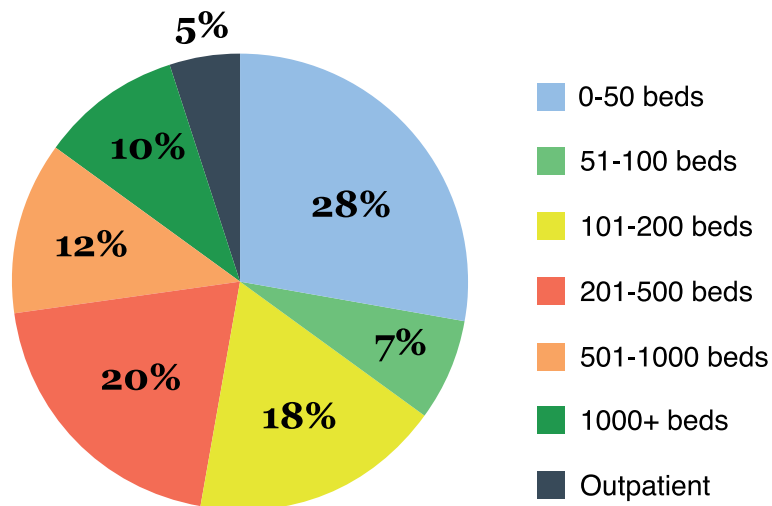


---

## Facility Sizes - Overall

---


---



# Appendix B: Vendors Voice

## The Advisory Board Company

### Advisory Board Revenue Cycle Solutions in Brief



**Who Are We?**

**500+**  
Number of members included in revenue cycle membership

**300+**  
Number of revenue cycle professionals working with members across a variety of sub-terrains

**\$2.9 B+**  
Amount of documented member revenue enhanced over ten years of service

#### Decrease Bad Debt

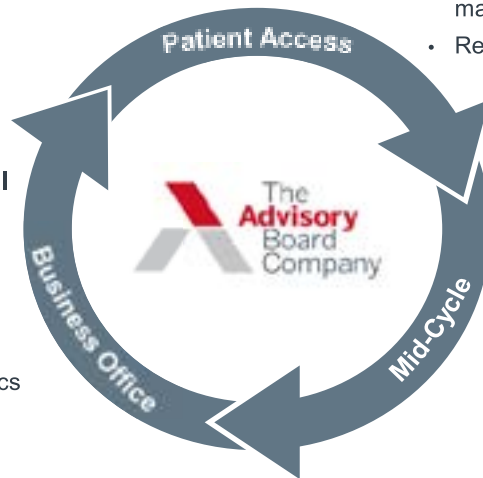
- Patient obligation estimation
- Point of service collection
- Financial counseling

#### Prevent and Resolve Denials

- Eligibility and medical necessity verification
- Prior authorization management
- Registration accuracy

#### Negotiate Optimal Contracts

- Contract modeling and negotiations strategy
- Payer scorecards
- Adjudication analytics



#### Optimize Documentation

- Physician documentation improvement
- ICD-10 transition
- Chart audits
- Case management

#### Protect Revenue

- Denials management
- Underpayment recovery
- Compliance and audit management

---

## Availity

Availity is the engine driving health care simplification and collaboration.



As an industry-leading, HITRUST-certified health care information technology company, Availity serves an extensive network of health plans, providers, and technology partners nationwide through a suite of dynamic products built on a powerful, intelligent platform. Availity integrates and manages the clinical, administrative, and financial data needed to fuel real-time coordination between providers, health plans and patients in a growing value-based care environment. Facilitating over 7 million transactions daily, Availity's ability to provide accurate, timely, and relevant information is vital to the financial success of its customers.

Everybody wins when health information is simplified.

---

## Lightbeam Health Solutions

### Population Health Management



- Enterprise Data Warehouse
- Risk Stratification
- Integrated Analytics
- Care Coordination
- Physician Engagement
- Patient Engagement

Why has lightbeam been selected to support over 40 Healthcare Organizations?

Lightbeam provides a single vendor, integrated platform that facilitates end-to-end population management. Our comprehensive tool set supports ACOs, payers, large provider groups, health systems and other healthcare organizations who aspire to provide superior care to their patients at a reduced cost.

**Comprehensive** - Integrated analytics, risk satisfaction, care coordination, provider engagement, and member engagement on a unified platform.

**Synchronized** - A single platform provides an information conduit supporting data exchange and clinical guidance between payer, physician, and patient.

**Simple** - Enterprise Data Warehouse unravels the complexities of aggregating and normalizing clinical and claims data from multiple sources.

---

**Predictive** - Our Searchlight risk satisfaction engine identifies patients who have predictable, avoidable high cost events.

**Vendor Neutral** - Our open platform manages the secure exchange of data among all systems (EHR, HIE, Lab, and more) within your community.

**Tailored** - Lightbeam's solution is tightly integrated yet modular allowing you to unbundle our components to fill the exact needs of your organization at an affordable price.

**Affordable** - Our cloud based solutions minimize upfront cost, and our competitive monthly fees accelerate return on investment.

Our solutions not only identify gaps in care but also enables drill down capability to the physician and patient level in order to take immediate action in improving health and financial outcomes through increased physician utilization and patient compliance. **Visit [www.lightbeamhealth.com](http://www.lightbeamhealth.com) for more information.**



---

## MedeAnalytics



### Who We Are:

MedeAnalytics is the leading provider of enterprise financial

analytics for the business of healthcare, aggregating the immense data sets of the industry and delivering actionable insights to both providers and payers to manage cost, quality, revenue and risk.

### Company Background:

MedeAnalytics was founded in 1994 and is headquartered in Emeryville, CA. Under the leadership of CEO Andrew Hurd, MedeAnalytics provides evidence-based insights to over 1000 clients in the US and UK, including hospitals, health systems, health plans and state Medicaid programs. The company produces actionable data giving healthcare organizations the tools to improve their financial health by understanding, organizing and analyzing data around revenue, cost, quality and risk. To date the company processes 50 million payer members under current, long-term contracts. In 2014 MedeAnalytics acquired OnFocus Healthcare, Inc., a leading provider of healthcare enterprise performance management solutions. MedeAnalytics recently received the 2015 NCQA Certification for HEDIS Certified Measures. MedeAnalytics was named one of Modern Healthcare's top 100 Best Places to Work in Healthcare for 2014 and was included on the San Francisco Business Journal's 2015 list of largest technology employers in the East Bay.

---

## MedAssets

A passion to improve healthcare quality and effectiveness MedAssets is at the center of improving the



quality and effectiveness of the healthcare industry. From establishing best practice value for clinical and labor resources to supply pricing and procurement processes to reimbursement accuracy to payor contract management and modeling—our solutions, industry experts and data-driven methodologies are helping healthcare enterprises make informed changes to drive total cost reduction, financial optimization, clinical delivery alignment and efficiency.

### Innovation and Value to Improve the Care of People

For more than a decade, we've been challenging convention and helping push the healthcare industry forward. What drives us is a passion for improving healthcare. The specialized talents of our people reflect our passion. We employ approximately 3,200 men and women who advise, support and perform the core business operations of approximately 4,500 hospitals and 123,000 non-acute healthcare providers.

### Transition to Value-Based Care and Reimbursement

Transitioning the revenue cycle from traditional fee-for-service (FFS) to value-based care is more than bundled payments and risk models. It's all about aligning the revenue cycle to balance new financial models while improving quality and patient outcomes. The challenge is getting from here to there.

---

A roadmap that leads to profitability and sustainability – as you continue to provide traditional FFS offerings – will require data and analysis tools to:

- Benchmark your physicians, care networks and patient population to improve clinical and financial performance
- Determine the right reimbursement mix for your organization to achieve desired profitability
- Minimize risk by identifying preventable complications across populations and align incentives for care management
- Identify savings opportunities and eliminate variations in service

MedAssets, healthcare organizations can gain insight into a patient's care across the continuum, prioritize key performance improvement efforts and successfully implement value-based care – with both commercial and government payors

For more information, please visit us at: <http://go.medassets.com/value-based-care.html>

---

## Optum360

Optum360 delivers technology, services and analytics to help



providers modernize their revenue cycle in fee- for-service and value-based care models. From transformational to departmental partnerships, our 7,500 performance experts deliver revenue cycle management, administrative operations excellence and patient financial care to help providers capture, save and protect dollars. Rather than taking a “back-office” approach to revenue cycle management, Optum360 strengthens the connection between key health system stakeholders using leading technology to support health system operations. Our offerings are unique in the market due to the combination of scaled operations with leading-edge technology. We leverage data to drive better decision making and seek further industry efficiencies through innovative collaboration with payers. And, our experience in providing commercial services and solutions to the market strengthen our ability to innovate and generate results in today’s fast-paced and competitive health care industry.

Providers are facing competitive pressures, consolidation, changing compliance regulations and the need to improve patient satisfaction. A combination of bad debt, newly covered patients, changing reimbursement models and the risk of denials in the face of the migration to ICD-10 place already slim operating margins in greater peril. Based on these market conditions, it’s easy to see why many hospitals are reporting a loss in revenue. Optum360 partners with provider organizations to help them modernize financial and administrative processes and further improve patients’ experience by simplifying and adding clarity to every revenue cycle process they encounter. These improvements will modernize administrative processes that help health systems reduce costs and achieve accurate payments in a timely manner.

---

We have successfully improved our customers' ability to manage costs, increase revenue and enhance clinical intelligence at key points in the revenue cycle, helping them achieve better business performance and health outcomes. By applying our end-to-end revenue cycle management technologies and an outsourced service model, clients have boosted staff productivity from patient access through reimbursement and improving cash receipts significantly.

---

## Phytel

The premier company  
empowering physician-led  
population health



improvement, Phytel, an IBM company, provides physicians with proven technology to deliver timely, coordinated care to their patients. Phytel's SaaS-based registry uses evidence-based chronic and preventive care protocols to identify and notify patients due for service, while tracking compliance and measuring quality and financial results. The only company to combine care management automation tools with an advanced patient engagement engine, Phytel is the 2014 Best in KLAS™ category leader for population health management. Phytel is also ISO 9001:2008 certified, confirming adherence to ISO's internationally recognized Total Quality Management (TQM) standards. For more information, please visit [www.phytel.com](http://www.phytel.com). Follow us on Twitter and find us on Facebook.

---

## Wellcentive

Wellcentive delivers population health



management and data analytic solutions that enable quality improvement throughout the continuum of care. Wellcentive transforms disparate data into actionable insights that facilitate coordinated, preventive care and chronic disease management, physician alignment, clinical integration, and success with value-based reimbursement and incentive programs. Wellcentive empowers healthcare organizations to improve both clinical and financial outcomes.

**\$500 Million**  
*in value-based reimbursements in 2014*

**30 Million**  
*patients enrolled in quality programs*

**20,000**  
*active providers*

**1.3 Billion**  
*monthly data points*

**3,000**  
*live interfaces*



### **Quality**

Bringing quality programs to life by activating data to provide insights, enable workflows, and enhance management of risk-based populations.



### **Revenue**

Optimizing revenue by equipping organizations with analytics and workflows required to master evolving payment models.



### **Transformation**

Accelerating the business transformation necessary to confidently embrace risk and prosper in the new world of value-based care.

---

## Appendix C: Other Vendors in this Report



<http://www.activehealth.com/>



<https://www.anthem.com/health-insurance/home/overview>



<http://www.availity.com/>



**BlueCross BlueShield**

<http://www.bcbs.com/?referrer=https://www.google.com/>



<http://www.camdenhealth.org/>



<http://www.cerner.com/>

**Deloitte.**

<http://www2.deloitte.com/us/en.html>



<http://www.emdeon.com/>



<http://www.lightbeamhealth.com/>



<http://lumeris.com/>



<http://www.medassets.com/>

Mede/Analytics™

<http://medeanalytics.com/>



<https://www.optum.com/>





<http://www.parallon.com/>



<http://www.uhc.com/>



<http://www3.phytel.com/>



<http://valencehealth.com/>



<http://www.rycan.com/>



<http://www.veriskhealth.com/>



<https://www.sg2.com/>



<http://www.wellcentive.com/>



<http://www.advisory.com/>



<http://www.xerox.com/>



<http://truvenhealth.com/>

---

# Appendix D: Facilities Included in this Report

Adventist Health  
Air Evac EMS, Inc.  
Baystate Franklin Medical Center  
Boca Raton Regional Hospital  
Boone Memorial Hospital  
Burke Medical Center  
Cabell Huntington Hospital  
Calhoun-Liberty Hospital  
Carroll County Memorial Hospital  
Carson City Hospital  
Centegra Health System - McHenry  
CentraState Medical Center  
Children's Heart Center  
CHRISTUS Family Medicine - Shavano Park  
Clinch Valley Medical Center  
Colquitt Regional Medical Center  
Columbia Memorial Health  
Columbus Community Hospital  
Comanche County Medical Center  
Community Hospital - East  
Connecticut Children's Medical Center  
Cullman Regional Medical Center  
Cumberland Medical Center  
Cypress Fairbanks Medical Center  
DOM Evaluation & Treatment Center  
Dunes Family Health Care  
East Phillips County Hospital District  
Essentia Health - Duluth (Miller Dwan Building)  
Eudora Family Care  
Floyd Memorial Hospital & Health Services  
Forest Hills Hospital  
Freeman Neosho  
Garfield Medical Center  
Graham Hospital  
Great Bend Healthcare Center  
Greene County General Hospital  
Gunnison Valley Hospital  
Gwinnett Medical Center - Duluth  
Halifax Regional Medical Center  
Hampton Regional Medical Center  
Harrisburg Hospital  
Health Alliance Medical Plans, Inc.  
Hereford Regional Medical Center  
Highlands Medical Center  
JFK Medical Center  
Kenmare Community Hospital and Trinity Health

Kirby Medical Center  
Lakeland Community Hospital - Niles  
Leonard J. Chabert Medical Center  
Magnolia Regional Health Center  
MaineGeneral Health  
MaineHealth  
Medical Office Building  
Memorial Family Care Center  
Memorial Hermann Healthcare System  
Memorial Hospital  
Methodist Health System  
Monroe Hospital  
Montrose Memorial Hospital  
Nash General Hospital  
Newton Medical Center  
North Canyon Medical Center  
North Florida Regional Medical Center  
North Ottawa Community Hospital  
North Valley Hospital  
Northstar Health System  
Northwest Medical Center  
Novant Health Inc  
NYU Medical Center  
Orlando Health  
OSF HealthCare  
Otto Kaiser Memorial Hospital  
Our Community Hospital  
P & S Surgical Hospital  
Park Ridge Health  
Phelps Memorial Hospital Center  
Pulaski Memorial Hospital  
Rady Children's Hospital - San Diego  
Reading Health Physician Network - Internal  
Medicine - Muhlenberg  
Regional Medical Center Anniston  
Regional One Health  
Ridgeview Medical Center  
Sabine County Hospital  
SCN UCLA Health Thousand Oaks Neurology  
Scott County Hospital  
Sharp HealthCare  
Shenandoah Medical Center  
Sidney Regional Medical Center  
Sinai Hospital of Baltimore  
Sonoma Valley Hospital  
South Lake Hospital

---

*Southeast Michigan Surgical Hospital*  
*Southern New Hampshire Medical Center*  
*Southern Tennessee Medical Center*  
*Springhill Medical Center*  
*St. Joseph Healthcare*  
*St. Joseph Mercy Oakland*  
*St. Joseph's Healthcare System*  
*St. Luke's Hospital*  
*St. Vincent Healthcare*  
*Steele Memorial Medical Center*  
*The University of Pennsylvania Health System*  
*Trinity Regional Medical Center*  
*UCLA - EIMG Burbank Physical Therapy*  
*UCLA OB/GYN*  
*UCLA Pulmonary Function Laboratory*  
*UF Health Jacksonville*  
*UH Geauga Medical Center*  
*UnityPoint Health*  
*University Health at Shreveport*  
*University of Cincinnati Medical Center*  
*Vassar Brothers Medical Center*  
*Wareham Cardiology, PLLC*  
*WellStar Kennestone Regional Medical Center*  
*West Chester Hospital*  
*Western Maryland Regional Medical Center*  
*Wheaton Franciscan Healthcare - All Saints*  
*Williamson Medical Center*  
*Winneshiek Medical Center*  
*Woman's Hospital*  
*Wyoming Cardiopulmonary*