

**Leadership Accomplishments
&
Business Synopsis**
for
Edward Stone

CAREER AND COMMUNITY LEADERSHIP

EXECUTIVE MANAGEMENT SKILLS

BUSINESS PHYLOSPOHY

Leadership Accomplishments Summary

Career:

Positions of Manager, Director, Vice President and Executive Vice President in various healthcare entities since 1981. (See resume for more)

Partner, Success Design – A business venture specializing in training and operational execution of customized healthcare reimbursement and operational initiatives included development of a number of programs for presentation to related trade shows nationwide. Programs developed in this role have been presented from 1992 through 2009.



President, American Rehab Technology Institute. A specialized rehabilitation industry coalition that supported healthcare reimbursement initiatives through direct work with HCFA (now CMS), federal and state legislators and commercial insurance plans nationwide. 1996-1998

Principal, StoneVentures: (www.stoneventures.org). Consulting Services to the healthcare industry throughout the United States. Coordinating legal cases, data-mining projects and business reorganization projects, training programs, and public presentations to trade organizations.

Community Services:

American Red Cross:

Regional Coordinator, Disaster Team – Orange County California 1987-1990

Chairman, Disaster Team - Orange County California 1990-1993

Managed a staff of over 200 disaster response workers. Managed hundreds of local and regional disasters in California.

City of Anaheim:

Coordinator, CERT Program. – Damage Assessment Coordinator. Developed disaster response protocols and held damage assessment positions in the city emergency operations center. This leadership position reported to the city director of emergency services. 1992-1995

Emergency Operations Management:

Executive Director, Sponsor – A volunteer organization dedicated to program development and emergency response support in numerous municipalities and business entities throughout the U.S. 1995-2013

www.emergencyoperations.us

Services to dozens of municipalities, community organizations and business entities nationwide:

CALIFORNIA – PENNSYLVANIA – NEW JERSEY – TEXAS – FLORIDA – OREGON – GEORGIA – WEST VIRGINIA – ILLINOIS
WASHINGTON – ARIZONA – and more

Board Member - Upper Merion Township, PA – Lafayette Ambulance. Paramedic Services in King of Prussia and Bridgeport, PA. 2007-2009

Other Community Leadership Roles:

Sponsor & Operational Coordination to community events such as those operated by the National MS Society.

Business Synopsis Summary

Rising through the path to an executive status in the healthcare field required successful initiatives and outcomes perpetuated through a comprehensive leadership style and “big picture” team approach to exceed the established goals.

Beginning with my first management position, I acquired functional and leadership skills well beyond the functional assignment. I learned the following lessons that remain the cornerstone of my success:

- Every objective should have a clear outcome with a positive return on investment (ROI).
- To achieve the desired ROI every outcome aspect must be measurable beginning with a clear path to reimbursement.
- To ensure the path to reimbursement includes revenue and profit growth while ensuring world-class customer satisfaction and a cost efficient product/service delivery.

My successes in executive leadership, for a number of successful start-ups (including new product launches), corporate reorganizations and expansions, pre-sale enhancements, and acquired business entities mandated I acquire extensive skills beyond my specialty in reimbursement. These global skills include but are not limited to:

1. **Strategic Marketing.** As we all know, in the healthcare field the deciding “customer” can be a moving target. I believe success requires a multidimensional approach with supporting materials that lead the customer(s) to an irrefutable outcome compared to competing services. This includes every element of clinical indicators (and contra indicators), measurable outcomes, and of course...reimbursement.
2. **Technology integration.** Success requires maximum use of leading-edge technology without removing the human element from the process. To that end I have acquired skills in design, redesign, or enhancements to business applications to ensure peak efficiency, simplicity and a logical humanistic functional interface designed for various users. I begin this process with designing the end-result and working towards that goal.
3. **Operational Support.** Success in the healthcare field requires an approach that accounts for future trends. Establishing likely scenarios in product/service delivery, reimbursement and other processing requirements is a means to systemic design with acceptable margins above any likely negative trends or scenarios.
4. **World-Class Customer Support.** Success is often a challenge especially in a multi-customer environment. With that knowledge I believe a “customer-centric” plan targeted to patients, referral sources, physicians, and payers is critical. Additionally, plans to ensure internal customers (staff) are also positively supported, incented, and have clear guidelines to create a culture of team oriented success.
5. **Rapid Intervention Process.** Long-term success often requires the ability to weather market shifts, competition, regulatory changes, reimbursement cuts, and even physical disasters.

To support these global operational skills I acquired very specific and extensive skill sets in the following areas:

Marketing and Sales Support:

- Collaborative program and process development. This includes using reimbursement and coverage data to drive expansion and improvement initiatives.
- Driving market enhancement and expansion through regulatory and legislative initiatives for both governmental and commercial payer programs.
- Developing and implementing specialized sales and marketing programs for territorial variances or where multidimensional programs exist in coverage and reimbursement methodologies.

Technology and Information Management Systems:

- Leading-edge technology including telecommunications, data communications, data storage in both office and mobile environments. This includes security methodologies as required for portable data.
- Software development, enhancement and development of final design specifications as necessary to support users along with efficient data access and extraction processes.

Reimbursement:

- Knowledge acquisition on specific reimbursement programs in conventional, managed, and governmental healthcare programs.
- Automating billing and collections processes including system technology, software design, flow and human interface (visual, paper and verbal processes).
- Claims management through a comprehensive, yet simplistic approach to revenue cycle from patient intake to final collection utilizing a business specific billing integrity platform.
- Debate as required in conducting claim appeals using a point-by-point process as well as in hearings and even litigation presentation planning.
- Contract review, implementation, administration, and negotiation support. This includes a corporate level contract acceptance policy.
- Data mining as required in supporting payer contract compliance assessments and cost metrics.
- Sales support from a reimbursement perspective. This includes programs such as “Managing a Managed Care Market”
- Enhancing reimbursement through regulations (see Compliance and Regulatory section below).

Program Development and Training:

- Developing and implementing (including personal delivery) training programs utilizing a proven method of simplistic and sequential guidelines along with quick-reference guides. These include reimbursement, compliance, incidents/accidents, security matters, privacy matters, site emergency/disaster plans/operational guidelines, and business continuity plans. Business continuity plans includes a staff and family support plan developed locally and implemented nationally.
- Concept development, sourcing and implementation of select outsourcing programs. This includes clear representations and expectations on each party.

Compliance and Regulatory:

- Experience working with governmental and private insurers and regulators including opportunities to work with (and in opposition to) U.S. Senators, Congressman, Governors, one Vice President, Senior HHS officials, state and local representatives, and numerous executive level staff of insurers nationwide. These interactions include but were not limited to matters of clinical coverage, coding, reimbursement rates and terms, alternative patient eligibility, provider enrollment, credentialing and venue.
- Development and implementation of Patient Advocacy Programs and executive level dispute resolution processes.
- Security, privacy (HIPAA) for internal and external staff, facilities and contractors.
- Rapid ability to acquire local regulatory requirements in all business operational matters from care delivery to facilities including ADA/office design.
- Investigation processes as required ensuring documentation and evidence requirements exist to support regulatory issues and even litigation (as a plaintiff or defendant).

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Business Philosophy, Ethics, and Style Summary

Staff Management & Leadership:

Promoting staff contribution to the ultimate goal of meeting the established objectives under a lean and efficient and cost effective continual process improvement plan using skills, technology and analytics.

Expectations are high. Staff has the accountability to achieve and strive to exceed expectations with rewards to be a known objective. Staff will have clear guidelines with known expectations and requirements for the functional assignment (position) as a means to maintain qualifiers for the position.

Fiscal Conservative Approach to Operations:

Operational expenditures should be managed to ensure peak (and evolving) efficiencies. In every enhancement, growth initiative or market shift, an impact analysis, technological review, and staff analysis will prompt all operational enhancements. This would include an assessment of technological enhancements vs. staff increases with the end result being the best for both short-term and long-term ROI.

Fiscal Sales/Reimbursement Strategies:

In my approach to reimbursement initiatives (both value and coverage) is based on establishing a cost effective program (at best, an alternative to another product or service) supported by both clinical advantages and financial incentives. To that end, irrefutable evidence-based documentation can prompt initial coverage and initial payment values, but long term operations must be based on predictable degradation. In the end, the value of a given product or service will become equal to the least amount a provider is willing to accept as full payment on a regular or contractual basis.

Philosophy on Ethics and Operational Activities:

I believe that the business must uphold the highest standards in ethics and regulatory compliance. I ALSO believe that the business must be prepared to challenge regulations, standards, and even legislation as a means to provide services and products that benefit patients, physicians and financial sponsors as part of an evolutionary enhancement plan.