

## Thomas Westmoreland, Partner

### SUMMARY OF QUALIFICATIONS

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Nineteen years of progressive experience in third party reimbursement, financial planning, managed care contracting and revenue cycle management in academic medical centers. Initiated/developed appeals and strategies which have generated and/or preserved revenues in excess of \$100 million. Recognized industry leader as evidenced by working closely with leaders of hospital associations and the New York State Department of Health to influence significant reimbursement policy decisions. Team oriented executive skilled in communicating effectively with all levels of management.

### PROFESSIONAL EXPERIENCE

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#### WESTMORELAND CONSULTING, Yonkers, NY

*Partner*

**2001 - Present**

***Engagement Dates***

2003 – present

***Client Name***

GNVHA Consulting , NYC – Westchester Medical Center  
Greater New York Hospital Association (2001 – 2003)

2003 – present

Continuum Health Partners, NYC

2003 – present

Columbia University, College of Physicians and Surgeons, NYC

2003

New York University Medical Center, NYC

2003

Lenox Hill Hospital, NYC

2002 - present

Benedictine Hospital, Kingston, NY

2002 - 2003

New York Presbyterian Hospital, NYC

2001 - 2003

St. Clare's Hospital and Health Center, NYC  
*Interim CFO for 5-month period*

2001 - 2003

St. Agnes Hospital, White Plains, NY  
*Interim Reimbursement Director*

2002- present

Our Lady of Lourdes Memorial Hospital, Binghamton, NY

2002 - 2003

Cabrini Medical Center, NYC

2001 - 2003

St. Francis Hospital, Poughkeepsie, NY

2002

Our Lady of Mercy Medical Center, NYC

2002

Hackensack University Medical Center, NJ

2002

Hospital For Joint Diseases, NYC

2001

St. Vincent Catholic Medical Center, NYC

2001

Lawrence Hospital, Bronxville, NY

2001

Yale New Haven Health System, New Haven, CT

**ST. BARNABAS HOSPITAL, Bronx, NY**

***Assistant Vice President, Finance***

**2000**

Responsible for all Reimbursement, Patient Accounting functions and Managed Care negotiations for all corporate entities including Hospital, Nursing Home and Diagnostic and Treatment Center. Worked with existing staff and Chief Financial Officer to restructure Patient Accounting and Reimbursement Departments. Recruited quality personnel to direct day to day activities of both departments.

**SAINT VINCENTS HOSPITAL AND MEDICAL CENTER OF NEW YORK, New York, NY**

***Director, Reimbursement & Financial Planning***

**1997 - 2000**

Responsible for management, coordination and direction of all staff in the preparation and completion of Reimbursement, Financial Planning functions. Analyzed, developed and negotiated reimbursement rates with managed care companies. Evaluated the potential and/or actual financial performance of new and existing clinical programs. Position involved significant interaction with senior clinical, operational and administrative management personnel.

- Initiated the approach and negotiated the implementation of a previously denied Medicaid appeal which generated incremental revenue totaling \$6 million.
- Chaired a committee comprised of directors from three hospital systems organized to strategically evaluate the impact of the full asset merger upon Medicare and Medicaid reimbursement rates.
- Restructured the department, recruited, trained and retained quality staff.
- Established standardized criteria for evaluation of managed care rate proposals for Medicare, Medicaid, Commercial insurance products.
- Developed, completed patient care revenue budgets and authored related narratives included in budget packages presented to the Board of Trustees.
- Worked with all levels of management to strategically identify existing recurring costs to be reimbursed via the Community Health Care Conversion Demonstration Project.
- Utilized decision support system to develop profitability analyses for all clinical services and specialties.

**THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK, New York, NY**

***Director of Reimbursement***

**1990 - 1997**

Responsible for management, coordination and direction of staff in the preparation and completion of all Reimbursement functions. Served as the Hospital's primary resource / liaison in managing and evaluating the effect of the volatile regulatory environment relative to the financing of patient care services. Involved frequent interaction with leaders from hospital associations, other lobbying groups, the New York State Department of Health and Empire Medicare Services. Evaluated the potential and/or actual financial performance of new and existing clinical programs. Analyzed, developed criteria utilized in determining acceptable outcomes of managed care rate negotiations.

- Initiated, developed, proposed and successfully negotiated a significant change in the New York State Department of Health's Medicaid rate setting policy yielding \$12 million in incremental revenue.
- Defended re-audit initiated by the Health Care Financing Administration preserving \$10 million.

- Initiated, developed detailed reimbursement analysis models designed to identify components of all rate adjustments and to trigger appeals when appropriate.
- Restructured department resulting in reductions in staffing costs totaling 20% while improving productivity.
- Worked closely with senior clinical, operational and administrative management personnel to provide financial impact associated with the establishment of a new Liver Transplant program and in support of other business plans.
- Selected by leaders of Greater New York Hospital Association to accompany them to a meeting with representatives of the Health Care Financing Administration to provide technical support relative to the provisions of the Graduate Medical Education Demonstration Project.

**Previous Presbyterian Hospital Positions:** Reimbursement Manager 1989 – 1990, Reimbursement Analyst 1987 – 1989, Senior Budget Analyst 1986 – 1987, Budget Analyst 1984 - 1986

#### **EDUCATION**

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B.B.A. Accounting, Pace University, Pleasantville, New York, 1985

#### **AFFILIATIONS**

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Healthcare Financial Management Association