

WILLIAM R. RENDER, FACHE

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HEALTHCARE MANAGEMENT

Government Affairs – Hospital/Physician Practice/Service Line Operations – Regulatory Oversight – Health Plan Operations

Employee Benefits Consultant, Healthcare Administrator and Insurance Executive with ten (10) years experience driving health plan performance, hospital/service line/physician practice operations, clinical improvements, business efficiency strategies, and value added partnerships to reach operational goals. Confident to lead, adapt, and influence to deliver results with programs. Persuasive with honed communication, interpersonal, and presenting skills to develop and maintain strong partnerships with major stakeholders, community leaders, and elected officials. Skilled at leading diverse teams and transforming operational processes to ensure organizational success.

KEY QUALIFICATIONS

Board Certified (FACHE) | Physician Engagement | Hospital/Physician Practice Operations | Health Plan Operations

Master's Degree: MHA | Microsoft Office Word, Excel, PowerPoint | Broker Relations | Population Health

PROFESSIONAL EXPERIENCE

RCH Benefits Advisors, LLC, Columbia, SC (September 2021- Present)

Partner and Co-Founder

RCH Benefits Advisors, LLC is a full-service employee benefits insurance agency serving small, medium, and large businesses in South Carolina. Independently owned and operated by board certified healthcare administrators, RCH Benefits Advisors, LLC assists employers with creating strategies around group medical, group ancillary, and voluntary employee benefits.

South Carolina Medical Association, Columbia, SC (January 2019- August 2021)

Executive Director, Members' Insurance Trust

Oversee the day-to-day operations of the Members' Insurance Trust (MIT)- a subsidiary and exclusive membership benefit of the South Carolina Medical Association- providing health insurance, dental insurance, and other embedded benefits to the medical community in South Carolina. A self-funded Multiple Employer Welfare Arrangement (MEWA), MIT is comprised of 200+ participating employers, 3,000 physicians/employees and over 5,500 total covered lives across the state of South Carolina. Responsible for managing over \$30 million in premium revenue dollars on an annual basis. Collaborate with various participating employers, clinical/administrative partners, broker consultants, underwriters and actuarial firms to promote/market the Trust, assess health plan performance, manage service contracts, continuously evaluate revenue cycle, analyze data, implement population health & cost reduction strategies, and collaborate with a physician-led board of trustees to further overall strategic initiatives.

- 97% satisfaction rate amongst Trust Participating Employers as of February 2021
- \$884,000 operational turnaround from FY 19 to FY 20
 - FY 2020 ending June 30: \$679,935 profit vs. (\$204,833) loss in FY 19
 - Improved Loss Ratio for MIT by 10% from plan year 2019 to plan year 2020
 - Completed Plan Design Feasibility Study and phased out underperforming plans (\$5 million impact)
- Completed request for proposal for MIT's 2022 PBM contract renewal; \$1.6 million in projected savings
- Completed due diligence on National BlueCard Program for MIT; \$1.2 million in projected net savings
- Saved \$150,000 on MIT's 2021 Reinsurance Renewal with no adjustments to policy deductible levels
- Recovered \$120,000 in outstanding AR premium balances dating back to 2016
- Recovered over \$120,000 from MIT's PBM due to performance issues with account management team
- Saved \$60,000 on MIT's Embedded Benefits Program for 2021
- Projected savings of \$29,000 for MIT's Dental Plan in 2021
- Secured over \$20,000 in sponsorship dollars for SCMA in 2021; Recruited over 20 new physician members
- Added 18 employer groups, 501 covered lives, and \$2.37 million in new business premium in 2020

(South Carolina Medical Association continued)

- Implemented COBRA Administration services through a preferred vendor partnership
- Implemented a comprehensive physician-led population health program for 2021 with 40% of program dollars at-risk based on performance metrics
- Implemented new technology to manage all sales, billing and enrollment functions under one platform on schedule and with performance-based metrics
- Implemented a rebranded and revised SCMA MIT website and marketing strategy on schedule and under budget; launched 2 promotional videos for the Trust in 2020
- Formed partnership with MUSC to offer Virtual Urgent Care Telehealth visits to SCMA MIT members aimed at reducing \$4 million in unnecessary ER utilization; performance-based metrics included around patient satisfaction and provider response time
- Completed and re-established eligibility verification and compliance review procedures to ensure compliance with IRS, DOL and other ERISA related laws and regulations

Palmetto Health-USC Medical Group, Columbia, SC (July 2018- January 2019)

Director, Orthopedics

Oversaw the day-to-day operations of the Palmetto Health-USC Orthopedic Center- owned and operated by the Palmetto Health-USC Medical Group. Responsibility for 7 sites of service, 33 Orthopedic Surgeons, 25 Advanced Practice providers, 250+ clinical & support staff, and the PH/USC Orthopedic Center DME Program. Accountable for program development, operational and financial oversight of various PH/USC Orthopedic Center subspecialty services to drive overall performance. Participated with leaders from management, medical staff, and clinical areas in planning, promoting, and conducting organization wide performance improvement activities either directly or through delegation to other operations leaders.

- Implemented a durable medical equipment program which generated \$250,000 in additional service line profit
- Developed and implemented a clinical mentorship program in partnership with the University of South Carolina to give students exposure to all aspects of clinical operations
- Completed a review of clinic block time allocations to maximize revenue and efficiency for service line operations

Regional Medical Center, Orangeburg, SC (September 2016- July 2018)

AVP, Ambulatory Care Operations (August 2017- July 2018)

Oversaw the day-to-day operations of 6 service lines- Primary Care, Orthopedics, Cardiology, Oncology (Medical & Radiation), Endocrinology, and OB/GYN- owned and operated by the Regional Medical Center. Responsible for 18 sites of service, 40+ employed providers (physicians, PAs, and NPs) and 150+ clinical & support staff who generate \$60+ million in net revenue collectively. Was responsible for program development, operational and financial oversight of various RMC Service Lines to drive overall performance. Participated with leaders from management, medical staff, and clinical areas in planning, promoting, and conducting organization wide performance improvement activities either directly or through delegation to other operations leaders.

- Achieved 6% volume growth in primary care Q1 FY 2018 compared to prior year
- Increased outpatient nuclear stress test volume 20% in Q1 FY 2018 compared to prior year
- Increased Oncology service line contribution margin \$1.7 million in FY 17 compared to prior year
- Initiated Saturday Walk-In Clinics to enhance access to Primary Care
- Implemented care coordination structure in Primary Care to optimize population health initiatives around ACO and Non-ACO payer contracts
- Developed/implemented scorecards and goals with service line/practice managers

Regional Medical Center (Continued)

Senior Director, Ambulatory Care Operations (September 2016- August 2017)

Oversaw the day-to-day operations of 9 Primary Care physician practices owned and operated by the Regional Medical Center- 8 of which comprised the Edisto Regional Health Services (ERHS) tax ID. Responsible for over \$5.5 million in net revenue, 20 employed providers (physicians, PAs, and NPs) and 70+ clinical support staff within the ambulatory care enterprise. Was responsible for program development, operational and financial oversight of the RMC Primary Care Service Line to drive overall performance. Participated with leaders from management, medical staff, and clinical areas in planning, promoting, and conducting organization wide performance improvement activities.

- Increased volume 9% over prior year
- Increased net revenue 15% over prior year
- Improved EBITDA/Net Income from operations by \$895,411 over prior year
- Increased total collections \$552,000 over prior year
- Reduced operating expenses by \$36,824 over prior year
- Increased Medicare Wellness Visit volume from 315 in FY16 to 2,077 in FY 17
- Implemented standard appointment type language and central scheduling function across the Primary Care Service Line to drive access to care and volume
- Recertified all 8 ERHS practices as NCQA Level 3 Patient Centered Medical Homes
- Transitioned Nurse Practitioners & Physician Assistants to production-based employment contracts
- Instituted yearly goals and objectives for practice managers to create accountability and daily structure

Tidelands Health, Formerly Georgetown Hospital System, Georgetown, SC (June 2012–September 2016)

Manager, Medical Staff Office and Government Affairs (November 2014–September 2016)

Provided oversight and led Credentialing, Privileging, Physician Contracting, Peer Review, Continuous Communications, Physician Orientation, and Population Health programs. Participated on committees. Worked with and brief Chief of Staff and Chief Medical Officer. Developed long- and short-range plans, develop budgets, and conducted break-even analysis.

- Unified two medical staffs after corporate rebrand; formed one cohesive, productive team with solidified leadership team addressing Board of Trustees; worked with leadership teams, executives, and Board of Trustees to write and revise medical staff bylaws and governance structure
 - Presented unification process and benefits of changes to 100+physicians, built relationships and persuasively explained benefits to achieve 2/3 affirmative votes and implemented ratification of new governance structure
 - Gained voice-of-customer feedback from leaders and medical staff by organizing and facilitating town-hall meetings and partnered with legal counsel to ensure changes met scope of federal/state laws and regulations
 - Exceeded pass rate with medical staffs at each hospital passing revised bylaws by an overwhelming 79% and 80%; Board of Trustees unanimously passed unification measures
 - Decreased meeting time 50%, rebranded, unified physicians, and changed culture to create one cohesive healthcare system working under one set of bylaws
- Automated process for 350+ practitioners applying for medical staff privileges; achieved implementation ahead of schedule, in less than 6 months, and saved money by eliminating paper process
 - Reduced turnaround time on applications; decreased appointments from 90 to 59 days and reappointment applications from 120 to 84 days
 - Served as project lead and collaborated with medical staff leadership, medical staff, office support staff, and third-party Central Verification Office to ensure automated process met compliance, regulations, and laws

Tidelands Health (Continued)

- Discovered lack of clarity around medical staff Code of Conduct Policy/Procedures; gathered analyzed, researched, and captured voice of customers to create and implement fair, equitable process for all stakeholders.
 - Decreased complaint process and follow-up from 60 to 30 days; leveraged technology to create clearinghouse to process issues related to professionalism and wrote standard operating procedures/processes
- Increased physician engagement, improved communication and engagement strategies, and completed 5-year old survey project.
 - Exceeded national 30% average and hit 45% participation rate, created associated action plans to address issues, improved communications with creation/management of weekly newsletters with 50%+ open rate
- Created and executed standardized orientation program that 100% of medical staff completed

Manager, Accreditation and Government Affairs (May 2013–November 2014)

- Saved \$90K by implementing scribe program that ensured 100% coverage for physician shifts
- Managed and achieved passing of Joint Commission Triennial reaccreditation for 2 acute care hospitals and 22+ outpatient facilities; managed project, oversaw/supervised team of 75+ managers, assigned workflow, and ensured timelines and goals obtained
- Facilitated and led teams to earn Joint Commission Disease-Specific Certifications; guided multiple diverse teams through processes, worked with multiple facilities, and remain involved with legislative/government affairs
- Selected by CEO to serve as Chief Liaison between SC Hospital Association/Lead Grassroots Network; remain involved in facilitating programs and organizing meetings with legislators and staff to discuss and inform on state/national healthcare issues
 - Built relationships with local /state delegation, developed working relationships with field and legislative staff at Federal levels, and hosted site visits for officials and Congressmen to meet healthcare leaders and Board

Operations | Administrative Resident | Reported to Chief Operating Officer (June 2012–May 2013)

- Reduced average length of stay 52% and door-to-doctor time 80% in fast track area of Emergency Department (ED); developed project and implemented as part of achieving Lean Six Sigma Greenbelt Certification
- Led implementation of ER Scribe program; worked with physicians, IT, and Clinical Informatics to develop template, connected scribe vendor to universities to recruit, and ensured processes met JC/CMS guidelines
- Completed rotations with inpatient and outpatient departments within Georgetown Hospital System
- Conducted audits to assess productivity, primary procedures, DRG assignments, zip code orientation, and surgical case comparatives over prior year; researched, analyzed, and presented data

EDUCATION

(2012) Master of Health Administration (MHA) — Medical University of South Carolina, Charleston, SC GPA:3.8/4.0

(2010) Bachelor of Arts in Government— Wofford College, Spartanburg, SC GPA:3.7/4.0

CERTIFICATIONS | TRAINING

Licensed Producer- Life, Accident, and Health — SC Department of Insurance, Columbia, SC

Fellow Certification — American College of Healthcare Executives, Chicago, IL

Lean Six Sigma Healthcare Certified — North Carolina State University, Raleigh, NC

Improve Process Improvement Training — Medical University of South Carolina, Charleston, SC

Incident Command School Training — Department of Homeland Security/FEMA, Anniston, AL

IHI Open School Certification in Quality and Safety — Institute for Healthcare Improvement, Cambridge, MA

LEADERSHIP | COMMUNITY OUTREACH

Adjunct Faculty, Arnold School of Public Health— University of South Carolina, Columbia, SC

Recipient, 2018 Emerging Leader Award— MUSC College of Health Professions, Charleston, SC

Member, Committee of 100 — Central SC Alliance, Columbia, SC

Board Member, SC Chapter of American College of Healthcare Executives —Columbia, SC

Growth and Diversity Committee — SC American College of Healthcare Executives (ACHE)

Legislative Committee — South Carolina Hospital Association, Columbia, SC

Leadership Georgetown Graduate — Georgetown County Chamber of Commerce, Georgetown, SC