



RUDISH HEALTH

Leadership Profile

**Enterprise Contract Performance
and Compliance Leader**



**Mount
Sinai**

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Position
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AVP, Contract Compliance & Performance
Mount Sinai Health System
New York, NY
www.mountsinai.org

Opportunity

Mount Sinai, a premier \$13B academic health system serving New York City, is seeking a transformational payer contract performance leader.

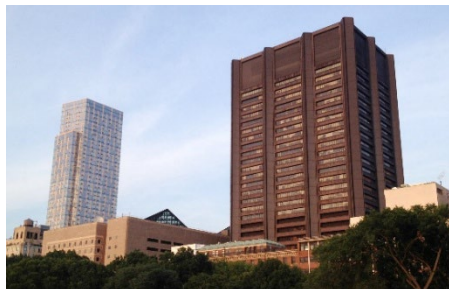
The Associate Vice President of Contract Compliance & Performance provides enterprise leadership for the governance, monitoring, analytics, and performance management of payer contracts across the health system, including hospital, ambulatory, physician, and faculty practice operations representing \$9B+ in net patient service revenue.

Reporting to the Vice President of Revenue Reporting and Intelligence, the ideal candidate is a subject matter expert who brings deep claims and contract analytics proficiency with the ability to represent Mount Sinai in payment recovery conversations. Promoting a culture of early and proactive enforcement, the newly imagined executive role integrates contractual knowledge, reimbursement analytics and data intelligence, and cross-functional accountability to improve financial performance, strengthen contractual compliance, reduce revenue leakage, and mitigate financial risk. Key priorities include: (1) developing and maturing a function that leverages technology analytics to resolve underpayment patterns in real-time; (2) building payer scorecards that quantify contract performance opportunities and risk with actual yields versus expected reimbursement; (3) organizing escalation pathways and conducting conversations with key payers to drive the timely resolution of identified reimbursement variances; and (4) loading new contracts into Epic and testing controls that match live performance against agreed upon contract terms and expectations.

With a visible seat at the leadership table during Mount Sinai's revenue integration and transformation roadmap underway, this role offers the rare opportunity to work collaboratively with enterprise stakeholders in managed care contracting, finance, compliance, legal, IT, data and analytics, and clinical operations across all hospital and physician enterprise businesses. The AVP will make a lasting impact at this ideally sized and well-regarded health system, with its extensive care network and commitment to innovation.

Mount Sinai Health System

Mount Sinai is an integrated health system providing exceptional medical care to local and global communities. Encompassing the Icahn School of Medicine at Mount Sinai and eight hospital campuses in the New York metropolitan area, as well as a large regional ambulatory footprint, Mount Sinai is internationally acclaimed for its excellence in research, patient care, and education across a range of specialties.



The Mount Sinai Hospital
New York, NY

Formed in 2013 with the merging of Mount Sinai Medical Center and Continuum Health Partners, the Health System is designed to increase efficiencies and economies of scale; improve quality and outcomes; and expand access to advanced primary, specialty, and ambulatory care services throughout a wide clinical network. It consists of more than 9,000 physicians, including general practitioners and specialists, providing care across a robust and continually expanding network of multispecialty services of more than 400 ambulatory practice locations throughout the five boroughs of New York City, Westchester, and Long Island. With an extraordinary array of resources for the provision of compassionate, state-of-the-art care, Mount Sinai Health System is poised to identify and respond to the health-related needs of the diverse populations they serve.

Locations

Hospitals

- Mount Sinai-Behavioral Health Center (115 Beds)
- Mount Sinai Brooklyn (212 Beds)
- The Mount Sinai Hospital (1,139 Beds)
- Mount Sinai Queens (228 Beds)
- Mount Sinai Morningside (489 Beds)
- Mount Sinai West (514 Beds)
- New York Eye and Ear Infirmary of Mount Sinai (69 Beds)
- Mount Sinai South Nassau (455 Beds)

Additional Assets

- 10 free-standing joint venture centers in endoscopy, ambulatory surgery, and urgent care
- Over 400 outpatient practice locations
- 39 multidisciplinary research, educational, and clinical institutes including the Icahn School of Medicine and Phillips School of Nursing

2025 Key Statistics

Operating Revenue: \$12.8B
Inpatient Discharges: 145,903
ED Visits: 600,000
Outpatient Visits: 6,076,491
System Beds: 3,215

Employees: 48,000
Nurses: 8,600
Total Physicians: 9,000+
Residents and Fellows: 2,700
Operating Rooms: 142

Source: MSHS [Facts and Figures](#)

Mission, Vision, and Values

Mission

To provide compassionate patient care with seamless coordination and to advance medicine through unrivaled education, research, and outreach in the many diverse communities we serve.

Vision

To continue to grow and challenge convention through our pioneering spirit, scientific advancements, forward-thinking leadership, and collaborative approach to providing exceptional patient care in the many unique communities we serve.

Core Values

Safety: We protect our patients and our colleagues from harm.

Equity: We create a diverse and inclusive environment for our patients, students, and colleagues, free from bias, racism, and favoritism, to foster optimal care and just opportunities based on one's individual needs and abilities.

Agility: We are flexible and quick to adapt to changes.

Creativity: We identify and develop forward-thinking approaches to challenge conventions, solve problems, and push the boundaries of medicine.

Empathy: We demonstrate a deep understanding of our colleagues, our patients, and their loved ones through inclusion, compassion, respect, and caring.

Teamwork: We are better together by including the diverse perspectives of each team member to achieve outcomes far superior to those any individual could achieve alone.

Awards and Recognitions

Mount Sinai Health System hospitals and physicians are recipients of numerous quality awards and other types of recognition, including the illustrative awards and designations below.



Reporting Structure

This role reports to the Vice President, Revenue Reporting and Intelligence.

Michael Savino

Vice President, Revenue Reporting and Intelligence, Mount Sinai Health System

Michael Savino is a healthcare finance and revenue cycle executive with extensive experience in financial reporting, revenue management, and healthcare operations. His career is distinguished by progressive leadership responsibility at major New York and Connecticut institutions with a broad understanding of the financial and operational challenges facing complex healthcare systems.

In his current role, Michael provides leadership across revenue cycle performance, reporting, and the processes that support Mount Sinai Health System's management of patient service revenue. At Mount Sinai, Mike operates within a highly complex healthcare environment encompassing hospitals, physician practices, academic medicine, and a large and diverse patient population. His role reflects the increasing importance of integrating revenue cycle operations with accurate, timely reporting and analytics to improve both financial performance and organizational decision-making.

Prior to joining Mount Sinai, Mike held leadership roles with Yale New Haven Health, one of Connecticut's largest integrated health systems.

Throughout his career, Mike has focused on connecting financial reporting and operational performance, translating complex financial and revenue information into actionable insights for senior leadership. His experience spans revenue cycle processes, financial reporting, performance management, and the development of financial information used to support strategic and operational decision-making.

Supervisory Role

The AVP will be responsible for oversight of a team of approximately 15. This leader will have the opportunity to shape and elevate the go-forward department talent as a result of the transformation efforts underway.

The AVP maintains an interdependent working relationship with three peers who also report to the Vice President of Revenue Reporting and Intelligence (AVPs over Revenue Reporting and Recognition, Revenue Integrity and CDM, and Revenue Intelligence).

Position Summary

The AVP provides strategic leadership for the Contract Compliance & Performance function. This is an enterprise leadership position responsible for establishing the framework through which payer contract performance is monitored, analyzed, governed, and improved.

The role does not replace the respective responsibilities of Managed Care Contracting, Revenue Cycle Operations, Corporate Compliance, Legal, Finance, Internal Audit, or Clinical leadership. Instead, the AVP serves as the central enterprise leader responsible for connecting contractual requirements, reimbursement performance, data intelligence, operational controls, and executive decision-making to ensure Mount Sinai realizes the value of its payer agreements while managing contractual, financial, operational, and compliance risk.

The AVP will:

- Establish organizational structure, roles, responsibilities, and decision rights.
- Develop annual operating plans, strategic priorities, and measurable performance objectives.
- Establish executive reporting and performance-management mechanisms.
- Provide regular updates to executive leadership regarding contract performance, material risks, financial opportunities, and remediation.
- Lead enterprise initiatives involving reimbursement analytics, contract performance, financial intelligence, and revenue-cycle transformation.
- Manage departmental budgets, resources, and priorities.
- Recruit, develop, and retain high-performing talent.
- Establish succession planning and workforce development strategies.
- Foster a culture of accountability, collaboration, innovation, and continuous improvement.
- Represent Contract Compliance & Performance on enterprise governance committees and strategic initiatives.
- Serve as a trusted advisor to senior leadership on payer performance and contractual reimbursement matters.

Primary Duties and Responsibilities

Enterprise Contract Compliance & Performance: Develop and execute the enterprise strategy for payer contract compliance and performance in alignment with the broader Revenue Reporting and Intelligence strategy.

- Establish governance, accountability, and standardized processes for monitoring compliance with payer contract terms.
- Serve as the enterprise subject matter expert on the operational interpretation

- and implementation of payer contract provisions.
- Establish standards for monitoring contractual reimbursement, payment accuracy, contractual obligations, and payer performance.
- Develop mechanisms to identify, quantify, prioritize, and resolve material variances between contracted and actual reimbursement.
- Establish appropriate escalation processes for significant contract compliance issues, systemic payment variances, and material financial risk.
- Provide executive leadership with clear, actionable intelligence regarding payer performance, contractual risk, reimbursement trends, and financial opportunity.
- Provide enterprise oversight for translating negotiated payer agreements, amendments, and reimbursement methodologies into operational and system requirements.
- Establish governance for contract implementation, configuration, testing, validation, and ongoing maintenance.
- Develop a continuous-improvement framework to strengthen contract performance and reduce recurring reimbursement variance.
- Partner with Managed Care, Revenue Cycle, Finance, Information Technology, and operational leaders to ensure accurate implementation of contracted terms in areas of contract modeling, fee schedules, reimbursement rules, payment logic, and related system configurations.
- Establish pre-implementation and post-implementation validation processes.
- Monitor timely implementation of new contracts, amendments, rate changes, escalators, and other contractual provisions.
- Identify and escalate implementation discrepancies that may result in financial loss or compliance risk.
- Establish standardized documentation of contract interpretations, assumptions, requirements, and implementation decisions.
- Ensure changes to contractual terms are appropriately communicated to affected stakeholders and incorporated into applicable operational processes.
- Support organizational growth, affiliations, acquisitions, joint ventures, and new business arrangements by assessing contract performance and reimbursement implications.

Revenue Analytics, Reimbursement Performance & Payment Validation: Lead enterprise efforts to align actual payer reimbursement with contractual expectations.

- Establish methodologies for calculating expected reimbursement and identifying payment variances.
 - Monitor actual versus expected reimbursement across applicable payer arrangements.
 - Identify material underpayments, overpayments, payment variances, and other deviations from contractual expectations.

- Analyze trends in reimbursement variance, denials, contractual adjustments, appeals, and other indicators of payer performance.
 - Lead root-cause analysis of material or recurring reimbursement discrepancies.
 - Establish processes for prioritizing payment recovery and remediation opportunities.
- Partner with Revenue Cycle and operational leaders to implement sustainable corrective actions.
 - Establish controls to monitor the effectiveness of remediation efforts.
 - Distinguish isolated payment issues from systemic contract, operational, configuration, data, or payer-performance issues.
 - Ensure identified systemic issues are addressed at their source rather than relying solely on retrospective recovery.
- Establish an enterprise analytics and reporting framework that provides actionable intelligence regarding contract performance and reimbursement.
 - Establish standardized definitions, methodologies, and performance measures for contract compliance reporting.
 - Partner with Revenue Reporting and Intelligence to integrate contract-performance data with enterprise revenue and financial reporting.
 - Develop executive dashboards and payer scorecards.
 - Ensure data used for contract-performance analysis is accurate, timely, consistent, and appropriately governed.
 - Develop predictive and advanced analytics to identify emerging risks and opportunities.
 - Leverage automation and artificial intelligence, where appropriate, to improve monitoring, variance detection, prioritization, and workflow.
 - Translate complex reimbursement data into actionable recommendations for executive and operational leaders.
- Develop and maintain payer scorecard reporting and dashboards addressing:
 - Contracted versus actual reimbursement
 - Payment accuracy
 - Contract performance
 - Payment variance
 - Underpayment and recovery opportunities
 - Payer performance
 - Denial and appeal trends
 - Contract implementation status
 - Financial impact of contractual provisions
 - Material compliance and performance risks
 - Resolution status of identified variances

Managed Care Partnership: Partner strategically with Managed Care leadership to ensure contract performance intelligence informs payer strategy and negotiations.

- Provide financial and operational analysis to support contract negotiations and renewals.
- Evaluate proposed reimbursement methodologies and contractual changes.
- Identify contract provisions that may create operational, financial, or compliance risk.
- Provide recommendations regarding contract language, reimbursement methodologies, payment provisions, and performance requirements.
- Analyze historical and projected payer performance to inform negotiation strategies.
- Support evaluation of new payer products, alternative payment arrangements, value-based contracts, and other reimbursement models.
- Provide objective performance data and financial intelligence to support payer relationship management.
- Collaborate with Managed Care leadership on escalation of material payer performance issues.
- Support scenario modeling and financial impact analyses for proposed contractual changes.

Audit, Compliance & Risk Management: Establish a risk-based framework for monitoring compliance with payer contractual obligations and applicable reimbursement requirements. The AVP will work in partnership with, but will not replace, the independent authority of Corporate Compliance, Legal, Internal Audit, or other designated oversight functions.

- Develop risk-based contract compliance monitoring and audit methodologies.
- Establish periodic reviews of high-risk, high-value, or strategically significant contractual provisions.
- Coordinate with Corporate Compliance, Internal Audit, Legal, Finance, Revenue Cycle, and other oversight functions as appropriate.
- Support internal and external audits involving payer reimbursement and contractual compliance.
- Monitor applicable federal and state reimbursement requirements and assess operational implications.
- Ensure contract compliance processes appropriately incorporate applicable Medicare, Medicaid, commercial payer, and state requirements.
- Identify and escalate material contractual, financial, operational, and compliance risks.
- Establish documented corrective-action and remediation processes.
- Maintain appropriate documentation supporting contract interpretations, monitoring activities, findings, and resolutions.

Appeals, Disputes & Recovery: Provide executive oversight for significant payer payment disputes and recovery activities.

- Establish criteria for escalation of significant or high-value payment disputes.
- Oversee complex contractual reimbursement disputes.
- Support resolution of disagreements involving contract interpretation or payment methodology.
- Monitor recovery activity, outcomes, and trends.
- Partner with Managed Care and Legal on escalated payer disputes.
- Support arbitration, formal dispute resolution, or other escalation processes when appropriate.
- Identify systemic issues underlying recurring disputes and coordinate corrective action.
- Establish reporting on recovery performance, unresolved disputes, and material payer issues.

Technology, Data & Systems: Partner with IT, Revenue Cycle technology teams, Data & Analytics, and Revenue Reporting and Intelligence to ensure technology capabilities support contract compliance and performance management.

- Provide strategic oversight for capabilities including: Contract modeling and management; Hospital and professional billing systems; Contract configuration and payment logic; Expected reimbursement modeling; Payment variance analytics; Enterprise data warehouse and reporting; Automated monitoring and exception identification; Data visualization and executive reporting; Advanced analytics; and AI-enabled payment validation.
- Establish requirements for contract performance data and analytics.
- Ensure appropriate controls for data quality, system configuration, testing, and change management.
- Participate in system and technology roadmap planning.
- Evaluate emerging technologies that may improve contract monitoring and performance.
- Partner with IT to ensure contract changes are accurately reflected in relevant systems.
- Establish ongoing validation of critical contract-related system configurations and data.

Enterprise Governance: Establish and maintain governance structures that support consistent enterprise management of contract compliance and performance.

- Define roles, responsibilities, decision rights, and escalation pathways.
- Establish enterprise standards for contract-performance monitoring.
- Develop governance forums and reporting structures as appropriate.
- Maintain clear interfaces between Contract Compliance & Performance, Managed Care, Revenue Cycle, Finance, Compliance, Legal, and other functions.
- Identify and resolve gaps or duplication in organizational accountability.

- Establish policies, procedures, standards, and controls supporting contract compliance.
- Promote consistent methodologies across hospital and professional environments while accounting for differences in contractual arrangements and operational requirements.

Organizational Leadership: Establish an operating model that appropriately balances centralized enterprise standards with collaboration across operational and business units.

- Lead a multidisciplinary team responsible for enterprise Contract Compliance & Performance capabilities, which may include: Contract Compliance; Contract Performance Analytics; Payment Validation; Contract Modeling; Reimbursement Analytics; Payer Performance Reporting; Audit and Monitoring; Data and Reporting.
- Maintain responsibility for the team operating model including: Strategic planning; Workforce planning; Budget management; Talent acquisition and development; Performance management; Succession planning; Process improvement; Change management; Executive communication; and Team engagement and retention.
- Develop and maintain effective executive partnerships across the organization. Establish clear functional interfaces and accountability across these areas to ensure effective execution while avoiding duplication of responsibilities:
 - Revenue Reporting & Intelligence
 - Revenue Cycle
 - Managed Care Contracting
 - Finance
 - Corporate Compliance
 - Legal
 - Patient Financial Services
 - Physician Enterprise
 - Faculty Practice
 - Clinical Operations
 - HIM and Coding
 - Information Technology
 - Data & Analytics
 - Internal Audit
 - Enterprise Risk Management

Candidate Qualifications

Education and Certifications

- Bachelor's degree in healthcare administration, finance, business administration, accounting, health information management, or a related field required.
- Master's degree (MBA, MHA, MPH, or related advanced degree) is a plus.
- Relevant professional certifications, while not required, may be preferred:
 - HFMA Certified Healthcare Financial Professional (CHFP)
 - HFMA Certified Revenue Cycle Representative (CRCR)

- Project Management Professional (PMP)
- Other relevant healthcare finance, reimbursement, compliance, analytics, or revenue-cycle certifications

Experience, Knowledge, Skills, and Abilities

- 12–15+ years of progressive experience in healthcare finance, payer contracting, reimbursement, revenue cycle, contract compliance, revenue analytics, or a related field.
- Significant leadership experience in payer contract performance, reimbursement analytics, payment validation, or related functions.
- Demonstrated experience within a large academic medical center, integrated delivery network, multi-hospital health system, or similarly complex healthcare organization.
- Both facility and professional reimbursement environments strongly preferred with strong understanding of hospital and professional reimbursement methodologies.
- Epic hospital and professional billing environments.
- Demonstrated success leading enterprise initiatives across multiple business units and stakeholder groups, partnering with senior executives across Managed Care, Finance, Revenue Cycle, Compliance, Legal, Clinical Operations, and Physician leadership.
- Ability to translate complex contractual and reimbursement requirements into operational processes, controls, system specifications, analytics, and measurable outcomes.
- Experience with complex commercial, Medicare, Medicaid, and value-based reimbursement arrangements preferred.
- Experience supporting payer negotiations and contract strategy.
- Experience with contract modeling, reimbursement analytics, or payment validation technologies.
- Understanding of DRG, APC, CPT, HCPCS, fee schedule, percentage-of-Medicare, and other reimbursement methodologies.
- Developing enterprise dashboards, payer scorecards, and executive reporting with financial intelligence.
- Healthcare data analytics and automation, bringing strong financial modeling and performance management capabilities.
- Leadership of large-scale transformation or enterprise governance initiatives.
- Experience working in and demonstrated ability to influence across a highly matrixed, complex healthcare organization.
- Understanding of healthcare compliance and regulatory requirements.
- Excellent executive communication and presentation skills.
- Strong negotiation, problem-solving, and conflict-resolution skills.
- Strategic thinking combined with strong operational execution.
- Change management and organizational transformation expertise.

- Ability to build relationships and drive results without direct authority across multiple organizational functions.

Leadership Competencies

- **Enterprise Leadership:** Ability to operate effectively across a complex health system and align diverse stakeholders around enterprise priorities.
- **Strategic Thinking:** Ability to anticipate changes in payer models, reimbursement, regulation, technology, and healthcare economics and translate them into strategic action.
- **Analytical Leadership:** Ability to transform complex financial, contractual, and operational data into actionable intelligence.
- **Executive Presence:** Ability to communicate complex issues clearly and credibly with senior leadership.
- **Influence & Collaboration:** Ability to achieve results across a highly matrixed organization without relying solely on direct authority.
- **Accountability:** Demonstrated ownership of outcomes, transparency regarding risks, and commitment to measurable performance.
- **Innovation:** Ability to leverage analytics, automation, and emerging technologies to improve contract performance and organizational intelligence.
- **Change Leadership:** Ability to lead enterprise transformation and embed sustainable process improvements.
- **Talent Leadership:** Ability to build, develop, and retain a high-performing team.

Compensation

An attractive compensation, benefits, and relocation package with a base salary in the \$250-325,000 range plus bonus will be offered commensurate with the candidate's experience.

Contact

Rudish Health
www.rudishhealth.com



Charlotte Beck
Senior Recruitment Executive
Telephone: (312) 923-9483
E-mail: charlotte@rudishhealth.com



Asmita Shah
Vice President
Telephone: (713) 502-0493
E-mail: asmita@rudishhealth.com



Laura Yancone
Manager, Talent Leadership Services
Telephone: (585) 507-6799
E-mail: laura.yancone@rudishhealth.com