TRANSFORMING THROUGH INSTITUTIONAL INTEGRITY

# EXECUTIVE LEADERSHIP PORTFOLIO

Stratified Revenue Integrity — A Doctrine, a Framework, and the Institutional Architecture Built From Them


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Doctor of Education — Organizational Leadership

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> *Revenue Cycle Management processes revenue.*
> *Revenue Intelligence understands revenue.*
> ***Revenue Integrity protects revenue.***

CONTENTS

# Structure of the Portfolio



THREE EXECUTIVE QUESTIONS

**Where is revenue leaving the institution structurally?**
**Who is accountable for seeing it before it leaves?**
**What governs the decision once it is seen?**

*These three questions define the discipline of revenue integrity. They also organize the pages that follow.*

FRONT MATTER

# EXECUTIVE SUMMARY

*Protecting the Full Value of the Care an Institution Has Already Delivered*

EXECUTIVE INSIGHT

*Most healthcare organizations are competent at processing revenue. Far fewer are structured to protect it.*

Healthcare organizations operate under financial pressure that is rarely a function of effort. Claims are submitted, denials are worked, contracts are negotiated, and coding is reviewed. The work is performed diligently, and revenue still leaves the institution.

It leaves structurally.

It leaves through coding practices that are technically defensible but economically incomplete. Through denial patterns that are managed case by case and never diagnosed in aggregate. Through contract terms that are honored precisely as written and never tested against actual performance. Through the accumulated distance between the clinical activity documented and the reimbursement ultimately received.

None of these are failures of execution. They are failures of architecture — and architecture is a governance problem, not an operational one.

## THE DISTINCTION THAT ORGANIZES THIS WORK

Dr. William Rodríguez's professional work rests on a distinction that most healthcare organizations have never formally made:

**Revenue Cycle Management** processes revenue.
**Revenue Intelligence** understands revenue.
**Revenue Integrity** protects revenue.

Most institutions have invested substantially in the first tier and almost nothing in the third. The consequence is an organization that can describe what happened to its revenue with great precision, and cannot say what should have happened instead.

## A CURRICULUM, NOT A SERVICE LINE

### Stratified Revenue Integrity

Rather than approach this as an advisory offering, Dr. Rodríguez developed it as a body of doctrine. Stratified Revenue Integrity is a master curriculum — the foundational work in which the framework, the vocabulary, and the governing logic of revenue integrity are established as a discipline rather than a set of techniques.

> **The curriculum came first. Everything else is downstream of it.**

Stratify emerged from that doctrine as its operational expression: the advisory practice and platform architecture through which the framework is applied to institutions. The order matters. The instruments exist because the doctrine defined what needed to be instrumented.

## THE FOUNDATION BENEATH THE DOCTRINE

This work did not originate in healthcare finance. It originated in public health — in the formal evaluation of health systems.

**Public Health — Health Systems Research and Evaluation —** Graduate training in the formal evaluation of health systems and institutional performance, with a minor in biostatistics.

**Hospital Performance Analysis —** Eight years leading research across major Puerto Rican hospitals, developing evaluation instruments and analyzing performance data.

**Quantitative Instruction —** Eight years teaching statistics, biostatistics, and research methods at undergraduate and doctoral level.

**Organizational Leadership —** A doctorate examining how institutions align structure, accountability, and decision authority.

Revenue integrity, approached from that foundation, is not a billing discipline. It is public health systems evaluation applied to the financial architecture of an institution.

I

SECTION ONE

# EXECUTIVE PROFILE

*An Evaluator's Route Into Healthcare Financial Architecture*

EXECUTIVE INSIGHT

*The question is not whether the institution collected. It is whether the institution collected what the care it delivered was actually worth.*

Dr. William Rodríguez is a healthcare strategy advisor, researcher, and author whose work addresses revenue integrity as a problem of institutional governance rather than operational recovery.

His professional route into the discipline is unusual, and it accounts for the shape of the work. He did not enter healthcare finance through billing operations or revenue cycle administration. He entered it through evaluation — through graduate study in public health, where the measurement of health systems is the discipline itself; through eight years of hospital performance research; and through the quantitative training required to distinguish a real pattern from an artifact.

That distinction turns out to be the entire discipline.

An institution reviewing denials case by case sees incidents. An institution capable of evaluating denials in aggregate sees structure. The first produces recovery; the second produces prevention. Revenue integrity lives in the difference.

## EXECUTIVE POSITIONING

# Four Integrated Areas of Executive Expertise

01

### Revenue Integrity Strategy

Diagnosing structural revenue leakage across the five domains through which earned revenue travels — and converting that diagnosis into governed institutional decisions.

*Revenue integrity is architecture, not recovery.*

02

### Health Systems Evaluation

Applying formal public health evaluation methodology to institutional financial performance, using the same analytical rigor developed for evaluating clinical and population health outcomes.

*An institution cannot protect what it has not learned to measure.*

03

### Organizational Leadership and Governance

Establishing the accountability structures, decision authority, and operational alignment through which financial findings become institutional action.

*Analysis without governance is commentary.*

04

### Applied Research and Publication

Producing long-form research, doctrine, and professional publication that establish revenue integrity as a discipline with its own vocabulary and standards.

*A discipline exists when it can be taught.*

PROFESSIONAL PHILOSOPHY

## Institutions Do Not Lose Revenue by Accident

They lose it by design.

Not by malicious design — by inherited design. Every institution operates a financial architecture assembled over years from vendor decisions, staffing constraints, payer concessions, and regulatory response. Very few institutions have ever examined that architecture as a whole.

The result is predictable.

Each function performs its role correctly.

No function is accountable for the outcome.

And revenue leaves through the seams between them.

The purpose of revenue integrity is to close those seams by making them visible and then making them owned. Every diagnostic effort should therefore answer one question:

> **What will this institution do differently once it can see this?**

Findings that cannot survive that question are reports. Findings that can are governance.

II

SECTION TWO

# STRATIFIED REVENUE INTEGRITY

*The Master Curriculum and the Ecosystem That Emerged From It*

EXECUTIVE INSIGHT

*The doctrine was written first. The instruments were built to serve it.*

Stratified Revenue Integrity is the foundational body of work from which Dr. Rodríguez's professional architecture derives. It is a master curriculum rather than a methodology — the work in which the framework, the governing vocabulary, and the doctrinal position on revenue are established.

Its central proposition is that revenue must be understood as a stratified institutional asset. Revenue is not a single quantity that an organization either collects or fails to collect. It exists in layers — what was clinically delivered, what was documented, what was coded, what was submitted, what was contracted, and what was ultimately paid — and the distance between any two of those layers is where institutional value is lost.

> **Revenue integrity is the discipline of governing the distance between what care was worth and what the institution received for it.**

## WHAT THE CURRICULUM ESTABLISHES

**A doctrinal position —** Revenue integrity as institutional architecture rather than operational recovery, and as a governance function rather than a billing function.

**A vocabulary —** The tiered distinction between revenue cycle management, revenue intelligence, and revenue integrity — terms that most institutions use interchangeably and that mean fundamentally different things.

**A framework —** The five structural domains through which earned revenue must travel, and the CIE taxonomy that classifies how it is lost and how that loss propagates.

**A standard of evidence —** The analytical requirements a finding must satisfy before it can justify institutional action.

## FROM DOCTRINE TO INSTITUTION

### The Emergence of STABILITAS™ and STRATIFY

STABILITAS™ Institutional Intelligence is the institution the doctrine produced — an organization whose mission is transforming through institutional integrity, and which develops governance frameworks and operational platforms designed to protect institutional value across the domains where it is most structurally at risk.

The STRATIFY Revenue Integrity Ecosystem is the application of that mission to healthcare finance: the specialized platform through which the five-domain framework is operationalized for healthcare organizations.

The sequence is deliberate, and it is the reverse of how most advisory practices develop. STRATIFY does not perform a service and describe it afterward as a methodology. The doctrine defined what an institution needs in order to protect revenue; the platform and its instruments were then built to provide it.

**The curriculum establishes what must be true.**
**The framework establishes how it is examined.**
**The practice establishes who is accountable for acting.**

An institution that adopts the instruments without the doctrine acquires tools it has no basis for interpreting.

III

SECTION THREE

# EXECUTIVE PRINCIPLES

*Five Principles Governing Revenue as an Institutional Asset*

EXECUTIVE INSIGHT

*These principles were not derived from finance. They were derived from evaluation, and applied to finance.*

PRINCIPLE ONE

## Revenue Integrity Is Architecture, Not Recovery

Recovery addresses what was lost.

Architecture addresses why it was losable.

Recovery is measured in dollars returned.

Architecture is measured in dollars that never leave.

> *An institution that only recovers will recover indefinitely.*

PRINCIPLE TWO

## An Institution Cannot Protect What It Has Not Learned to Measure

Measurement precedes protection.

Aggregation precedes diagnosis.

Diagnosis precedes governance.

> *Every institution has the data. Very few have converted it into the capacity to see structure.*

PRINCIPLE THREE

## Analysis Without Governance Is Commentary

A finding that names no owner changes nothing.

A finding that triggers no decision changes nothing.

A finding that survives no scrutiny should change nothing.

> *The value of a diagnostic is determined entirely by what it obligates.*

PRINCIPLE FOUR

## Revenue Is Stratified, and the Loss Occurs Between the Layers

Care delivered is not care documented.

Care documented is not care coded.

Care coded is not care reimbursed.

> *Institutions manage each layer competently and lose value in the distance between them.*

PRINCIPLE FIVE

## A Discipline Exists Only When It Can Be Taught

A technique belongs to the practitioner.

A discipline belongs to the institution.

The difference is whether it survives the practitioner's departure.

> *This is why the work took the form of a curriculum rather than a service.*

IV

SECTION FOUR

# THE STRATIFY REVENUE INTEGRITY FRAMEWORK

*Five Structural Domains Through Which Earned Revenue Must Travel*

EXECUTIVE INSIGHT

*Revenue is not lost inside any one domain. It is lost in the distance between them.*

The framework operationalizes the curriculum. It organizes the revenue system into five interdependent structural domains — each a point in the journey of earned revenue from the moment of clinical delivery to the moment of payment, and each capable of producing loss when it falls out of alignment with the others.

D 1

### Clinical Delivery Integrity

*Where revenue is born.*

The clinical encounter is the moment the organization earns the revenue it is trying to protect.

Asks whether that encounter is fully captured — whether workflow functions as designed, whether handoffs preserve information, and whether clinical reality will be accurately reflected downstream.

A failure here does not announce itself. It distributes silently across every subsequent domain.

D 2

### Documentation and Coding Integrity

*Where revenue is defined.*

Where clinical reality is translated into the institutional language that determines reimbursement.

Documentation quality is not primarily a compliance issue. It is a revenue variable: the specificity of the documentation determines the specificity of the code, and the code determines the reimbursement level.

A clinician who delivers a complex service and is reimbursed for a simpler one was not underpaid by the payer. The revenue was lost here, before the claim was submitted.

D 3

### Contract Performance Integrity

*Where revenue is governed by agreement.*

Asks whether negotiated terms are being honored in actual adjudication, and whether variance is surfaced before it accumulates.

The most consistently undermonitored domain in healthcare finance — not because the variance is hidden, but because no one is looking for it systematically.

D 4

### Denial Pattern Integrity

*Where revenue loss becomes visible.*

Treats denial data not as a worklist of billing events but as a structural intelligence source.

Every denial is a symptom. The question is never only how to resolve it — it is what the denial reveals about the upstream condition that produced it.

Read dimensionally, by payer, procedure, provider, and reason code, denials become an early warning system for misalignment in D1, D2, and D3.

D 5

### Leadership Revenue Integrity

*Where governance either reaches decision-makers or dies.*

Asks whether the executive view of financial reality is accurate, timely, and structurally complete.

Without D5 functioning, the other four domains produce findings that never reach the authority required to correct them.

The first four domains describe where revenue is lost. The fifth describes why the loss is never seen in time to stop it.

> **These are not departments or functions. They are the five points in the journey of earned revenue where structural alignment must be continuously maintained.**

THE CIE CLASSIFICATION SYSTEM

## A Taxonomy for Reading Structural Loss

Identifying that revenue is being lost is the beginning of revenue integrity, not the end of it. The Classification of Integrity Exceptions provides the structural taxonomy through which the ecosystem reads, classifies, and communicates continuity failure — transforming the observation of loss into executive intelligence about its structural origin and its likely propagation.

TYPE A

### Configuration Misalignment

The structural setup of an operational environment has drifted from its intended state — authorization pathway drift, coding system integration error, module inconsistency introduced without governance review.

PROPAGATION — *Typically invisible until downstream effects surface. Propagates directly into Documentation and Coding Integrity.*

TYPE B

### Contractual Misalignment

Payer contract terms are not being operationally honored through adjudication behavior, fee schedule deviation, or systematic variance — even when the operational environment is technically configured correctly.

PROPAGATION — *Creates configuration pressure in D3, documentation gaps in D2, and denial escalation in D4. Revenue erodes across three domains before anyone identifies the contract.*

TYPE C

### Documentation Misalignment

Clinical reality is not being translated into documentation in a way that preserves operational, coding, contractual, or compliance integrity downstream.

PROPAGATION — *The most common intermediate failure in the propagation chain — and the one most often mistaken for an isolated documentation error.*

TYPE D

### Structural Misalignment

Cross-domain propagation is active. The failure has moved beyond its origin and now affects multiple regions of the revenue system simultaneously.

PROPAGATION — *The most serious classification and the most common end state of undetected drift. By the time it is visible, the origin is typically three to four causal steps behind the presenting symptom.*

CLOSING REFLECTION

## From Framework to Record

A framework of this kind is not designed in advance.

It accumulates — through hospital performance studies, through years of teaching what a defensible inference requires, through the discipline of evaluating institutions that believed they already understood themselves.

The record that follows traces where each of these domains came from.

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SECTION FIVE

# EXECUTIVE CAREER JOURNEY

*From Health Systems Research to Institutional Architecture*

EXECUTIVE INSIGHT

*Each appointment supplied a component the doctrine would later require.*

Dr. Rodríguez's professional trajectory moves through evaluation, quantitative instruction, corporate planning, and health policy research before arriving at revenue integrity. The sequence is not incidental. Each position supplied an analytical capacity the doctrine would later depend on.

PROFESSIONAL EVOLUTION

## Five Appointments, One Trajectory

**2024–Present**

### Founder and Chief Executive

STABILITAS™ Institutional Intelligence · STRATIFY Revenue Integrity Ecosystem

Founded STABILITAS™, whose mission is transforming through institutional integrity, and created the STRATIFY Revenue Integrity Ecosystem as its healthcare application.

Developed the STRATIFY Revenue Integrity Framework — the five-domain structural diagnostic model — and the CIE classification system for reading structural loss.

Advises organizations on revenue intelligence strategy and operational alignment between clinical activity, documentation, coding, and payer reimbursement.

Produces professional publication examining the structural financial exposure of healthcare institutions and the leadership required to address it.

*The practice exists to operationalize the doctrine, not the reverse.*

**2010–2018**

### Project Manager and Data Analyst

Health Policy Research Institute · San Juan, Puerto Rico

Led research projects across major Puerto Rican hospitals evaluating public health outcomes.

Developed evaluation instruments and analyzed hospital performance data.

Authored reports supporting institutional policy change and quality improvement.

*Eight years of evaluating institutions from the outside established the diagnostic posture the framework now depends on.*

**2007–2010**

### Vice President of Planning and Logistics

Cybertech · San Juan, Puerto Rico

Directed strategic planning and data analysis supporting business development.

Built operational models supporting logistics planning and executive proposals.

*Executive responsibility for operational architecture, in an environment where the financial consequence of structural decisions was immediate.*

**2004–2012**

### University Professor — Statistics and Research Methods

Universities in Puerto Rico

Taught undergraduate and doctoral courses in statistics and biostatistics.

Mentored doctoral candidates in research design and quantitative analysis.

Developed instructional content aligned to academic standards.

*Eight years of teaching what constitutes a defensible inference — the standard of evidence the framework now applies to institutional findings.*

**2021–2023**

### Coach — Mathematics and School Leadership

Rocket Learning · Remote

Provided instructional coaching to mathematics educators in underserved communities.

Served as leadership coach to school principals across public districts.

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SECTION SIX

# CREDENTIALS AND PROFESSIONAL RECORD

*Education, Publication, and Executive Competencies*

EXECUTIVE INSIGHT

*Credentials describe preparation. The record describes what that preparation produced.*

EDUCATION

## Academic Foundation

Dr. Rodríguez's academic preparation integrates organizational leadership, public health, quantitative method, and psychology. Each stage supplied an analytical capacity the doctrine would later require.

### Doctor of Education (Ed.D.)

**Organizational Leadership**

Nova Southeastern University · Florida · 2017

Doctoral study in organizational leadership, examining how institutions align structure, accountability, and decision authority — the governance foundation on which the revenue integrity doctrine rests.

### Master of Science (Public Health)

**Health Systems Research and Evaluation · Minor in Biostatistics**

University of Puerto Rico · Medical Sciences Campus

Graduate preparation in public health, concentrated in the formal evaluation of health systems, program effectiveness, quantitative research method, and statistical analysis. This is the discipline the revenue integrity framework applies to institutional finance.

### Bachelor of Arts

**Psychology**

University of Puerto Rico

Undergraduate preparation in behavioral analysis and research method, establishing the foundation in human and organizational behavior that informs the framework's treatment of institutional accountability.

PUBLICATION

## Doctrine in Published Form

Dr. Rodríguez is a published author whose work on healthcare revenue integrity and institutional leadership appears in book-length and long-form professional publication.

- **Revenue Integrity: A Structural Framework for Diagnosing and Correcting Revenue Misalignment in Healthcare Organizations —** Book-length treatment introducing the five-domain structural diagnostic model.
- **Game of Chiefs: Power, Alliances, and Revenue in Healthcare's C-Suite —** Analysis of executive dynamics governing revenue decisions at institutional level.

- **Healthcare Revenue Integrity Series —** An eighteen-article body of long-form professional publication, from the leadership case for revenue integrity through the structural history of revenue cycle management, revenue governance, and Institution-in-the-Loop governance of institutional intelligence.
- **STRATIFY Revenue Integrity Architecture Dossier —** The canonical ecosystem reference, published May 2026.

*A separate catalogue of published work in organizational leadership and professional development is maintained independently of this portfolio.*

## EXECUTIVE COMPETENCIES

### Technical Expertise Across Five Domains of Practice

These competencies integrate healthcare financial strategy with formal public health evaluation method, quantitative analysis, and institutional governance.

| | |
|---|---|
| **Revenue Integrity** | Structural Revenue Leakage Diagnosis · Coding Intelligence · Denial Pattern Analysis · Contract Performance Review · Revenue Cycle Vulnerability Assessment · Revenue Intelligence Strategy |
| **Public Health Evaluation and Research** | Health Systems Evaluation · Program Evaluation · Research Design · Mixed-Methods Analysis · Hospital Performance Analysis · Biostatistics |
| **Quantitative Method** | Statistical Analysis · Data Literacy · Diagnostic Analytics · Performance Measurement · SPSS · Evidence Standards |
| **Leadership and Governance** | Organizational Leadership · Strategic Planning · Institutional Accountability Design · Operational Alignment · Executive Advisory · Systems Thinking |
| **Doctrine and Communication** | Curriculum Architecture · Professional Publication · Long-Form Research · Executive Reporting · Public Speaking · Bilingual Delivery — English and Spanish |

> **Revenue integrity is public health systems evaluation applied to the financial architecture of an institution.**

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SECTION SEVEN

# LEGACY AND CLOSING STATEMENT

*Doctrine as the Durable Form of Institutional Contribution*

EXECUTIVE INSIGHT

*A technique belongs to the practitioner. A discipline belongs to the institution.*

LEGACY UNDER CONSTRUCTION

## What Remains After the Work

Advisory engagements end.

Platforms are replaced, vendors are changed, and the practitioner eventually leaves. What survives is whatever the institution learned to do without him.

This is the reason the work took the form of a curriculum. A body of doctrine can be taught, adopted, argued with, and improved by people who never met its author. A service cannot.

> **The measure of this work is not the revenue it recovers. It is whether institutions become structurally incapable of losing it the same way twice.**

CLOSING STATEMENT

## Protecting the Value of Care Already Delivered

Every healthcare institution intends to be paid for the care it provides.

Few are architected to ensure it.

Dr. Rodríguez's work establishes that the gap between those two conditions is not an operational failure to be worked harder, but a structural condition to be governed — diagnosed through formal evaluation, quantified through analysis that meets a defensible standard of evidence, and closed through accountability that names an owner.

As reimbursement environments grow more complex and financial margins narrower, healthcare institutions will increasingly require leadership capable of connecting evaluation method, financial architecture, and governance into a single discipline.

This portfolio reflects not only a professional career. It reflects a body of doctrine built to outlast it.

## NOTE ON SOURCES AND SUBSTANTIATION

### Basis of the Record

Every appointment, credential, and professional description in this portfolio is drawn from Dr. Rodríguez's documented curriculum vitae. The doctrinal positions, the tiered revenue distinction, and the four diagnostic disciplines reflect the Stratified Revenue Integrity curriculum and the Revenue Integrity Framework as developed by the author.

**ITEMS PENDING**

Four elements are not yet incorporated and are held for the author's confirmation:

— Quantitative indicators for an Executive Impact Dashboard, with declared basis and source of record.

— Professional portrait for the cover.

— Conferral years for the master's and undergraduate degrees.

— Relationship between Stratify and the STABILITAS institutional ecosystem, and how each should be named in this document.

## Dr. William Rodríguez, Ed.D.

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