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**Position Description: Director of Professional Revenue Cycle
Stanford Hospital & Clinics**

Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) are known worldwide for advanced patient care and research, particularly for the treatment of rare, complex disorders in areas such as cardiac care, cancer treatment, neurosciences, and organ transplants to name just a few. SHC/LPCH includes 611 licensed beds. The clinics offer care in more than 100 specialties.

Patients come to SHC/LPCH from all over the Western United States and the world, often for specialized procedures unavailable elsewhere. In recognition of excellent care, the hospital and physicians consistently rank among the top in the nation in surveys by consumers and health care professionals. In July, 2002, SHC was named to the Honor Roll of America's Best Hospitals by U.S. News & World Report. The Hospital was ranked #14 out of 100, in 2004.

There are over 700 Faculty, Residents & Fellows.

Management

An overview of top management of the hospital shows an exceptional blend of clinical, operational and business expertise in the field of specialty care and services. Underlying the management team's skill-set is a passionate, deep-seeded and visionary commitment to excellence, innovation and growth. The style of management and the organizational culture of excellence are rooted in teamwork and mutual support.

The level of teamwork and support among the management staff is extraordinarily high and remarkably effective. This group of Managers and Directors, with their collaborative style and complete commitment to the mission, is the heart of the organization's success. It is readily apparent that the management team consistently emphasizes teamwork, individual achievement and making the job fun.

To complement the management team, an individual must be able to blend their individual success into that of the entire team and share in the commitment and the satisfaction of taking care of the healthcare needs of

the community. Members of the management team must work in collaboration with the leadership, faculty and staff at the School of Medicine (SoM).

Position Description

The Revenue Cycle is comprised of all administrative and clinical functions that contribute to the capture, management and collection of patient service revenue generated by over 700 School of Medicine faculty physicians. The Professional Revenue Cycle Director – Back End is responsible for enhancing and maintaining a properly functioning revenue cycle process through a cross-department organizational structure. These functional areas act interdependently during a patient visit, contributing critical information required for clinical service and procuring payment.

The role of the Director of Professional Revenue Cycle – Back End is critical in terms of maintaining cash flow, revenue cycle performance, regulatory and HIPAA compliance, and guest relations. It also invests in the role a strategic advantage to deal effectively and proactively both within and without the organization.

The Director of Professional Revenue Cycle acts on behalf of Stanford Hospital & Clinics (SHC) in a variety of professional revenue cycle related business matters. This position is the organization's resident expert on matters related to the professional revenue cycle and is viewed as a critical member of the management team as SHC transitions into an innovative model for funds flow between SHC and the SoM.

This position works in close partnership with many aspects of the organization and is central to creating a comprehensive and seamless professional revenue cycle throughout SHC and the SoM. In particular, this position works closely with the Director of Professional Services Organization to ensure that all aspects of the professional revenue cycle are operating as an integrated system. This position has 15 direct reports and a staff of 125 FTE's.

Reporting Relationship

Reports into the Vice President, Ambulatory Care and works closely with:

SHC/LPCH Vice President, Patient Financial Services; SHC Chief Financial Officer; CMC Finance Committee; VP of Managed Care (Contracting); Key DFA and Physician Leadership Venues; School of Medicine Clinical Chairs as designated; LPCH FPO Executive Director and Information Technology.

Skills/Expertise

1. Excellent and thorough understanding of physician service agreements (PSA's)

2. Excellent and thorough understanding of funds flow between hospitals, school and clinical departments
3. Excellent, current and thorough understanding of all aspects of physician billing, accounts receivable and collections, RVU, site of service complexities, allied health professionals, provider enrollment, business office operations, etc.
4. Current working knowledge in the areas of clinic registration/scheduling, charge capture, coding, cash management, managed care contractual terms health insurance practices, industry regulatory requirements, AR and financial reporting technology, wage and hour regulations, basic accounting and industry standards for healthcare revenue resolution management practices
5. Particular AR knowledge of academic medical centers, clinical trials, grants, transplants, pediatric, pediatric safety net programs and physician billing
6. Ability to analyze and resolve problems that affect the claim submission or resolution process, regardless of whether the problem originates in an area under direct or indirect control
7. Ability to recognize and analyze the impact of regulatory changes on the financial performance of professional revenue
8. Financial management skills, including the ability to financially analyze data for operations, budgeting, auditing, forecasting; basic accounting knowledge, AR and reserve analysis, market analysis, staffing and financial reporting skills
9. Leadership skills to motivate cross-departmental teams' performance towards excellence and develop team concepts and consensus-building management styles. The ability to make a significant contribution to the organization's overall effectiveness.
10. Communication and listening skills that reflect self confidence and diplomacy. The ability to communicate with varying levels in the organization and create an environment where resolution/solutions are created and result in benefits to all parties impacted.
11. Commitment to life-long learning and improvement

Overview of Responsibilities

1. Protect the assets of the organization, namely, accounts receivable, *cash* flow, *guest relations* and assured *compliance* to all Federal and State regulations. Essentially this translates into *cash flow*, *image* and *reputation* of the organization.
2. Budget: This individual is responsible for departments with a combined FTE count of 125 and total budget of \$6 million with direct responsibility at both SHC and LPCH professional revenue cycles, including:
 - Specialty transplant billing
 - Clinical trial billing

- Allied health professional billing
 - Provider enrollment
 - Back end staff training
 - IDX and other pertinent applications Business System analysis, development, testing, and reporting
3. Transaction volumes:
 - 1,600,000 claims/invoices
 - 300,000 statements
 - 400,000+ clinic visits across 42 hospital based clinics/departments
 - Posting of 5 million charge, payment, and other transactions
 4. This individual oversees the collections of over \$230 million in net physician revenue, representing over 700 faculty physicians/providers.
 5. This individual plays a key role in assuring that operations, billing and collections meet all regulatory and “compliance” requirements.
 6. This individual plays a key role in assuring that operations, billing and collections meet all HIPAA transaction requirements.
 7. Achievement of annual and periodic goals and key performance indicators of Revenue Cycle performance and for the organization’s overall financial performance.
 8. Demonstrate through plans and actions that there is a consistent standard of excellence to which all departmental work is expected to conform. Such a standard should be based on establishing and maintaining a constancy of purpose, focusing on continuous improvement within the Revenue Cycle executive’s area of influence and delivering the highest degree of quality service possible.

Primary Responsibilities

- Incorporate the organization’s mission, vision and values into all business staff development practices and all departmentally directed activities
- Complete (or contribute to the completion of) various financial forecasts, including cost center salary and direct expenses, month-end financial reporting, receivables levels (net matched collections, days in AR and aging), reserve analysis, cost center productivity, benchmarking, and any long-range strategic plans for the department
- Manages, prepares and presents capital and operating budgets that demonstrate prudent use of organization’s resources while at the same time achieves and maintains organizations goals and key performance indicators

- Plan, coordinate and prepare year-end audits with public accounting firms and third-party auditors as they relate to AR operations. Mediate and resolve conflicts regarding public accounting firms, third-party auditors and investigate parties
- Directly manage all service programs, including external vendor programs and systems. Ability to evaluate appropriate and key partnerships such as outsourcing, collections, underpayment vendors, eligibility, etc. Outsourcing should not be used to hand off a problem to someone else. The first and foremost guideline is “never to lose track of any piece of the receivables.”
- Monitor and support daily staff functions in all areas related to the scope of the executive’s responsibility. Participate in key Revenue Cycle stakeholder venues such as physician and clinic leadership venues, IT, Contracting, and Department of Finance Administrators (DFAs)
- Maintain appropriate internal control safeguards over AR records, write-offs and collection of cash
- Maintain compliance standards for providing accurate information on all facility or health system billings
- Maintains and fosters excellent payer relations with key fiscal intermediaries and government oversight agencies such as CMS, Medi-Cal, DHS, etc.
- Maintains and fosters excellent relationships with contracted health plans and medical groups to support effective claims submission/resolution and contract compliance
- Assess and respond to organizational and customers needs with innovative programs to ensure customer satisfaction. Implement patient friendly billing guidelines
- Ensure compliance with relevant regulations, standards and directives from regulatory agencies and third-party payers
- Oversee the financial interface between and performance analysis of the patient financial services functions and fiscal services functions
- Oversee the integrity of financial and clinical interfaces, while facilitating the development of strategic system planning
- Direct ongoing programs for staff development and training that fosters and mentors the next generation of Revenue Cycle leaders
- Ability to keep operations technology up to date both in terms of legacy systems, EDI capable as well as added value tie in technologies
- Ability to assess and keep current and compliant with all charity care, free bed fund and uninsured policies
- Earns and maintains a climate of confidence in the billing process and results with Department Chairs, physician leadership, and DFAs
- Achieves annual performance goals in cash collections, days in accounts receivables, aging, WIP (Work in Progress) reductions, and bad debt

- Working knowledge of financial statements and the impact of the revenue cycle on them, including aging reports, bad-debt analysis, and calculation of bad-debt allowance.
- Cash-flow management skills, including forecasting and managing A/R
- Working knowledge of patient registration, billing, A/R, cash-management requirements, managed care contractual terms and requirements, health insurance practices, industry regulatory requirements (compliance and HIPAA), business office operations, A/R and financial reporting technology, wage and hour regulations, basic accounting and industry standard for healthcare revenue resolution management practices
- Knowledge of all functional areas of the revenue cycle, including health information management, case management, and charge capture
- Demonstrated experience in diagnosing, evaluating, and developing corrective actions for problems in revenue-cycle operations, customer services, and payment
- Broad knowledge of the healthcare industry, including insurance, managed care, and integrated delivery systems
- Ability to effectively influence change and manage effective the change process
- Ability to forge effective working relationships with key executives to support an understanding of the financial implications of their operations
- Ability to forge effective working relationships with key external government and non-government stakeholders, payers, and representatives to support and understand how their operations impact and affect SHC/LPCH financial performance
- Strong information-systems knowledge
- Ability to anticipate healthcare trends and alter the financial direction of the organization as necessary

Compensation

The compensation plan is based on a competitive base salary and a bonus program commensurate with the experience and the demonstrated accomplishments of the successful candidate. It will reflect the opportunity at the hospital. The hospital has an excellent employee benefits package, consisting of medical coverage, a dental plan, life insurance, and retirement plan.