



# THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Chief Revenue Officer



### **Our Client**

#### The Ohio State University Wexner Medical Center

A key component of The Ohio State University, one of the nation's premier public research universities, The Ohio State University Wexner Medical Center is driven by its mission to improve health in Ohio, and across the world, through innovation in research, education, and patient care.

The Wexner Medical Center is one of the largest, and most diverse academic medical centers in the country, and the only one in central Ohio, and is aspiring to take a regional, national, and international leadership position in several clinical areas of distinctiveness, including cancer, heart, neurology, transplantation, diabetes, musculoskeletal, digestive diseases, and critical care.

The Ohio State University Wexner Medical Center encompasses a broad and comprehensive portfolio that is comprised of seven hospitals under two provider numbers, including The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, one of 56 NCI-designated Comprehensive Cancer Centers in the country; an extensive network of ambulatory locations providing primary care, specialty care, and same-day and after-hours urgent care, including multiple large multi-specialty facilities; the College of Medicine and its School of Health and Rehabilitation Sciences; more than 25 research centers and institutes; The Ohio State University Physicians, Inc. faculty physician practice; the Ohio State University Health Network (a network of partner hospitals and healthcare organizations throughout Ohio); and the Ohio State University Health Plan.

A workforce of nearly 26,000 colleagues is earning international distinction by delivering high-quality, safe, efficient, patient-centered care. The Wexner Medical Center provides services to approximately 61,000 adult inpatients and over two million outpatients annually, with more than 1,500 licensed beds, and serves as a major tertiary, and quaternary referral center for Ohio and the Midwest. The Wexner Medical Center offers health care services in virtually every adult specialty and subspecialty in medicine through a unified physician practice of more than 2,000 preeminent physicians and over 2,700 faculty on staff.

### The Role

In collaboration with The Ohio State University Wexner Medical Center (WMC) senior leadership team, the Chief Revenue Officer provides strategic direction and oversight of ambulatory and acute revenue cycle operations. The Chief Revenue Officer will report to the Chief Financial Officer of the medical center and be the lead executive to effectively collaborate, communicate, and strategize with WMC leadership.

The scope of the role includes overall leadership for the revenue cycle, overseeing functions across the medical center. The Chief Revenue Officer will have direct management responsibility for the following functions across the medical center: Registration/Check-in, Pre-Registration, Patient Estimates, Insurance Verification, Pre-authorization Verification, Financial Counselling, Coding, Clinical Documentation Integrity, MIM, Billing, Follow-up Collections, Cash Posting, Correspondence, Refunds, Self-Pay, Patient Financial Services Customer Experience, Bad Debt, Revenue Cycle Training, Denial Prevention, Vendor Management, Revenue Recovery Unit, Revenue Cycle Compliance, and Policy & Procedures. Additionally, the Chief Revenue Officer will collaborate with their counterparts who lead the Managed Care, Contact Center, and Case Management teams.

## **Key Responsibilities**

#### Strategy

- Develops long-range strategic plans for systems and processes that support the collective aspirational goals as outlined above. Influences and gains internal alignment with key constituents on proposes strategies, tactics and implementation approaches.
- Guides the implementation of strategic and operational plans for assigned functions that addresses operations, financial performance, customer service, IT, human capital, and regulatory requirements.
- Ensures the overall revenue cycle strategy aligns and supports business objectives while being focused enterprise-wide to enhance the patient experience, employee engagement, and overall revenue cycle performance.
- Fosters the effort to build revenue cycle business literacy across the organization. Builds effective, collaborative relationships with key stakeholders across departments (e.g., IT, Human Performance, Finance, and clinical departments)
- Collaborates with financial and information technology contributors to develop and operationalize a transformation roadmap.
- Advises on the charging strategy and charging standardization.
- Creates oversight and governance structures to gain alignment on strategy and change agendas. Gains agreement on key KPIs, process accountabilities, and performance indicators.

#### Leadership

- Provides leadership and supports governance processes to result in effective, efficient, standardized, and compliant practices across the medical center.
- Works within revenue cycle and finance to develop a set of routine performance metrics and analytics. Distributes performance reports to leadership constituents as indicated.
- Develops and gains alignment on process responsibilities (e.g. RACI frameworks), gains alignment on process KPIs and service level agreements (SLAs).
- Organizes routine educational "in services" including regular meetings to support effective operations and the sharing of best practices.
- Is a champion of associate engagement initiatives that aligns with the medical center culture and values.
- Creates strategies to improve the associate experience at the medical center.
- Effectively and efficiently structures and manages projects related process and/or systems changes. Creates and gains alignment on scope, approach and performance metrics associated with implementation of initiatives.

- Structures, gains alignment, and drives performance improvement initiatives within the revenue cycle. A problem-solver who achieves annual performance improvement targets.
- Collaborates with leaders overseeing Contact Center, Case Management, Utilization Review, and Provider Documentation to develop streamlined processes and clear roles and responsibilities to improve organizational outcomes.

#### **Revenue Cycle Project/ Program Management**

- Provides leadership oversight for new market growth, system implementations, conversions, and upgrades for revenue cycle applications.
- Investigates and resolves complex problems and coordinates efforts to provide innovative strategies and solutions.
- Assesses new technology, performs vendor assessments, creates ROI analyses, and recommends new technology.
- Establishes and maintains strong working relationships with Revenue Cycle leaders, key stakeholders, and fosters a strong working relationship with key strategic partners.
- Maintains strong understanding of revenue cycle metrics and leads team in building plans to support operational departments to achieve best practice performance through strong analytical capabilities, process improvement identification, and technology enhancements.
- Maintains strong understanding of health information system functionality and leads team in identifying and implementing functionality that improves revenue cycle performance, streamlines workflow, and reduces cost-to-collect.

#### Process design/ implementation/ operations/ management and improvement

- Demonstrates a thorough understanding of the continuum of the revenue cycle.
- Improves operations through technology, quality assurance, and process improvement.
- Effectively collaborates with IT and project management leaders for the successful planning and execution of revenue cyclerelated applications/systems as part of information system transformation projects, including the integration of enterprisewide clinical and revenue cycle systems designed to have a strategic impact on the core operations and processes of the organization.
- Collaborates with organizational leaders to develop accountability frameworks to continuously improve its revenue cycle performance continuum through the consistent and appropriate use data and metrics.
- Develops options, communicates, and builds support for recommendations to allow the organization to meet changing environment/ regulatory requirements and to ensure the medical center receives appropriate reimbursement for services provided.
- Performs evaluation, process redesign, and implementation of healthcare business office functions including admissions/ registration to facilitate accurate/ timely billing, collections, and denials management.
- Ensures development and implementation of consistent policies, procedures, and productivity standards to improve operations system-wide.

#### **Customer Service/ Reporting**

- Maintains strong customer relationships with key strategic partners.
- Ensures appropriate functional strategic partners are engaged throughout the process.
- Monitors and provides regular reporting to senior management on key performance metrics (e.g., actual versus expected results for financial targets, budgets, compliance, quality, customer service, and productivity/efficiency).
- Brings developing issues and recommended actions to the attention of senior leadership and governance committees.
- Ensures the quality of system deliverables, the quality of the work delivered by assigned functions, and compliance with formal service agreements.



#### **Revenue Cycle Risk Management**

- Directs and/or oversees analysis of issues to identify developing issues/ changes/ potential risks with the potential to impact the medical center.
- Provides oversight to ensure there is active and effective participation in key medical center compliance committees.
- Collaborates with the medical center to develop strategies and recommendations to mitigate risk.
- Develops, maintains, and ensures compliance with standardized policies, processes, and programs throughout the organization.
- Provides oversight to ensure required reports are filed on time and meet the highest levels of accuracy, compliance, and effectiveness.
- Oversees activities of the Compliance Liaison to ensure communication, coordination, policies/protocols, and audits are monitored and effective.

#### **Overall Management**

- Fosters a high-performing team as measured through the achievement of top-quartile benchmark process performance, audit and compliance results, financial goals, and employee satisfaction.
- Stays current with government regulations regarding billing requirements.
- Drafts goals, objectives, and budgets for assigned areas, and monitors/ manages to ensure achievement once approved.
- Ensures all HIPAA privacy and security standards are adhered to/ followed.
- Conforms to the established policies/ procedures/ processes/ Standards of Behavior and ensures assigned staff do so as well.



#### **Reporting Structure and Key Relationships:**

Reports To:	Chief Financial Officer, Richard Silveria
Direct Reports:	The Chief Revenue Officer will collaborate with the Chief Financial Officer to develop a team structure that meets the current and future needs of the organization. Key areas of oversight include patient financial services, health information management, patient access, charge data master, revenue integrity and clinical documentation integrity.

### **The Ideal Candidate**

The successful candidate will be an executive with history of success in managing the revenue cycle, ideally with (10+ years) experience in and management of hospital operations, and in particular, the revenue cycle operations. The candidate will be an excellent communicator, who can influence others with a collaborative and results-oriented approach. The preferred candidate will also have revenue cycle experience in a large (1bn+) integrated health system.

In addition, she/he will ideally have experience:

- Stakeholder Engagement: Experience working with C-suite executives, clinical leaders, and external partners to develop strategic relationships and ensure alignment with broader OSUWMC objectives. Developing and maintaining effective relationships at all levels throughout the organization.
- Integrated Revenue Cycle Expertise: Deep knowledge of eligibility verification, billing accuracy, payment posting, denial management, and audit/action teams to optimize collections and reduce denials.
- **Cross-Functional Leadership:** Experience collaborating with clinical, IT, and operational teams to align revenue cycle processes with clinical workflows and organizational goals, fostering trust and communication across silos.
- **Data Integration and Analytics:** Ability to manage and leverage integrated data systems for claims submission, remittance, accounts receivable, and denial trend analysis to drive operational and financial performance improvements.
- **Change Management and Innovation:** Proven track record leading through organizational changes, implementing new workflows, and adopting technology solutions to enhance efficiency and adapt to evolving industry standards.
- **Financial Acumen:** Strong skills in forecasting, pricing, contract negotiation, and financial management specific to healthcare revenue cycles and payer relationships.



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