



Position Specification

Home Delivery Services for Diabetic and Non-Diabetic Disease States Vice President, Revenue Cycle Management

The Company

Our client provides clients with industry-leading home-delivery services for diabetes testing supplies, prescription medications and other diabetic and non-diabetic medical products. The company has revenues of approximately \$1 billion, and processes in excess of 500,000 claims per month and growth is continuing. Over the past 19 years, more than a million people have relied on the company for its quality products, personalized support and commitment to seniors on Medicare.

In addition to their core diabetes testing supply service, the company offers a range of medical products, including:

- Glucose meters and insulin pumps
- Ostomy and incontinence supplies
- CPAP masks and supplies for obstructive sleep apnea
- Personal emergency response systems

The Position

Location

Florida

Reporting Relationship

This position will report to the Vice President, Reimbursement of the sister company. This executive has broader responsibilities including some strategic areas dealing with revenue cycle design for the parent company.

This position will lead a team of 300+ individuals through two Directors. The RCM organization is responsible for the following work streams/processes:

- Insurance Verification
- Claims Submission
- Payer Responses (payments or exceptions)





Main Purpose of the Position:

The Vice President, Revenue Cycle Management (RCM) will play a pivotal role in developing and optimizing all reimbursement activities for the company, and in doing so this executive will lead the RCM team through a number of key changes. Current operations and processes have been outstripped by the company's success and pace of growth, since it has essentially quadrupled in size over the past several years. In recreating an operating environment that can support the current organization and sustain continued growth, changes will include migration to a new technology platform and decisions regarding outsourcing/off-shoring, while instilling a high-performance culture. The company's transformation is already underway, but the incumbent will play a linchpin role in its success.

This executive will also lead efforts to harmonize RCM business practices with those of the sister company, as well as with their parent organization.

Success in this position will be built upon the twin pillars of subject matter expertise and equally strong leadership acumen. To that end, this individual will be a seasoned executive with a first-hand understanding of leading practices in medical reimbursement – for example, Six Sigma – as well as how to build, develop and lead a highly efficient and effective operation to support such practices. Equally important, this executive will have a demonstrated track record in hiring, developing and motivating similarly efficient and effective teams. Under the leadership of this executive, RCM will without question be seen as a high-performance organization, in terms of both practices and people.

The Vice President RCM will lead the development, evaluation, implementation and execution of operational programs and services. In conjunction with staff, this executive will develop new or related programs or educational tools, and identify and pursue new strategic reimbursement plans to support the overall objectives of the organization.

Finally, this executive must be adept at developing strong working relationships with other key executives and functional areas within a somewhat complex matrixed organizational structure. To this end, the successful candidate will have an inherently collaborative style, more concerned with the organization's overall success than empire building. That said, he/she will be a strong advocate for his/her team. Underlining all of this will be exceptional communication and influencing/persuasion skills.

Job Duties and Responsibilities:

- Primary responsibility for Revenue Cycle Management function including insurance verification, claims submission, accounts receivable management and collection activities. Directs reimbursement activities, including developing, implementing, and monitoring of practices to maximize reimbursements. Ensures accurate, timely billing and collection. Develops credit, collection strategies and implements plans to ensure accounts receivable balances are within stated objectives.
- Key driver for strategic planning for RCM function including process, productivity, and automation opportunities.





- Establishes monthly goals for area and evaluates performance, i.e. days sales outstanding, collections as a percentage of beginning accounts payable.
- Designs, develops and executes reimbursement policies and procedures. Develops and implements improvements to existing operational procedures.
- Directs development of reimbursement programs and educational tools. Ensures staff provision of subject expertise to field staff. Makes final decisions on operational plans.
- Plans and directs staff in compiling and analyzing changes in reimbursement guidelines, and operating systems.
- Participates in the preparation of division's annual budget, and monitors expenses to ensure compliance with budgetary constraints. Develops staffing projections and operating expenses for reimbursement budgets. Works closely with team members to develop cost reducing programs.
- Participates in the development of business opportunities. Reviews business proposals and selects those in line with Company's objectives.
- Ensures reimbursement conforms to local, state and federal regulations, manufacturers, payors and company established quality management standards.
- Directs staff during payor, regulatory and manufacturer audits and inquiries.
- Works with external customers, such as vendors and payors, effectively interfacing with senior level representatives of these organizations on insurance, regulatory and product issues.
- Analyzes industry trends, anticipates changes in the social, political and economic environment, evaluates their impact on the Company and recommends plans of action.
- Keeps abreast of industry/reimbursement and regulatory trends by attending conferences, seminars etc. and monitoring sources of relevant business and marketing information.
- Manages multiple sites through several layers of subordinate management.
- Serves as principal spokesman for RCM internally and externally. Works closely with Legal, HR, and other members of senior management within the company, the sister company and the parent company.

The Candidate

Education

A Bachelor's Degree in Finance, Accounting, Business or related field is required. Ideally, candidates will also hold a graduate degree in one of the above.

Professional Qualifications

- Minimum of 10 years healthcare industry reimbursement experience.
- Minimum of 5 years in an executive leadership role.
- Understanding of a diverse payor mix, with particular expertise in Medicare and Medicaid.
- Current with, and regularly refreshes knowledge of, reimbursement issues, practices and the broader regulatory environment impacting reimbursement.
- Ideally will have experience in a high-volume claims environment.
- Experience in leading an organization through the migration from one technology platform to another would be a plus.





- Experience managing work forces in multiple sites including potential internal and outsources resource teams.
- Demonstrated track record in building and leading high-performance teams. Demonstrated experience leading a department of 100 employees or greater.
- Results oriented executive with strong communication skills and tolerance for ambiguity.
- Inherent orientation towards collaboration and influence versus turf protection and a highly directive style.

To learn more about this opportunity or provide a confidential referral, please contact:

Pearson Partners International, Inc.
8080 N. Central Expressway, Suite 1200
Dallas, Texas 75206
214-292-4140 – Fax
response@pearsonpartnersintl.com

Reference Code: VP-RCM_Home-Delivery-Svc_269-01_PPI

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