

From Revenue Cycle Management to Revenue Cycle Excellence

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Oncology Management Consulting Group
Outstanding experts, outstanding results!



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Matt Sherer, MBA, MSHA

Matt Sherer is an experienced healthcare executive with 15 years of oncology focus and over 25 years of management experience, he has a successful track record of growing services, creating/managing budgets, improving volumes, and growing operating margins as well as creating and implementing strategic plans, clinical and business operations, and more. Matt has successfully achieved accreditations from The Joint Commission, the ACOS/Commission on Cancer, NAPBC, ACR Breast Center of Excellence, and the ACRO.

Matt has served on the Board of Trustees and several committees for the Association of Community Cancer Centers (ACCC), as President of the Association of Cancer Executives (ACE), in multiple roles with the American Cancer Society and on the American College of Surgeons/Commission on Cancer Board of Directors. He received his Bachelor of Science degree from The University of Alabama in Business Administration, has an MBA from The University of Mississippi and a MSHA from the University of Alabama – Birmingham.



Teri U. Guidi, MBA, FAAMA

Teri U. Guidi is the President and CEO of Oncology Management Consulting Group based in Tampa, Florida. With decades of experience in oncology management, OMC Group is expert in the areas of strategic planning, reimbursement, program development, and market assessment. OMC experts have assisted countless health networks, hospitals, private practices, and many pharmaceutical/biotech firms. Recent projects include strategic and business planning, joint venture development, hospital/physician alignment, educational programs, comprehensive revenue cycle reviews and program assessments.

Prior to establishing OMC Group in 2001, Ms. Guidi held positions at institutions ranging from NCI-designated comprehensive cancer centers to large teaching hospitals in integrated health systems to small community hospitals. She has served as Executive Director and System Vice President of cancer service lines, and as Vice President of health system-owned medical oncology, gynecologic oncology and surgical oncology practices.



Step 1

- Competent management with a specialized and intelligent skill set.
 - Who is responsible for your revenue?
 - Dedicated staff to only oncology
 - Credentials/Training
 - Annual Competency



Step 2

- Determine the best organizational model: centralized versus decentralized
- Might be different for different tasks



Centralized or Decentralized

- Front End Tasks
 - Insurance verification
 - Easily handled by centralized departments, especially with good software
 - Pre-authorizations/pre-certifications
 - Often best decentralized due to the details of various treatment regimens, payer requirements, and authorization limits
 - Financial counseling
 - Highly specific to each patient
 - Optimally decentralized and very personalized



Centralized or Decentralized (2)

- Charge-related
 - Charge capture
 - Complicated and detailed codes for oncology
 - Best decentralized and not necessarily clinical staff
 - Charge auditing
 - Requires training and regular updates
 - Difficult to centralize due to significant nuances in oncology



Centralized or Decentralized (3)

- Billing
 - Usually centralized but needs connection to the department
 - Claim scrubbers do NOT know everything
- Collections
 - Almost always centralized
 - Denials need departmental review
 - Write off reports need departmental review



Step 3

- A single, efficient EMR/billing system.
 - Ideal state
 - Reality is multiple systems
 - How do these systems communicate
 - Who has access to what information?
 - How often do you get revenue issue information?



Step 4: Price Transparency

- Some institutions publish charge masters
- Financial counseling is vital in oncology
 - Should be treatment plan and payer specific
 - Patients should know what their responsibility will be



Step 5: Additional Transparency

- Productivity Standards
 - Staff need to know expectations and receive adequate training to meet those
 - Inefficient staff can lead to lost charges and unnecessary expense
- Infrastructure Controls
 - Tools must be made available
 - Communication channels must remain open



Step 6

- A coding and compliance model based on continuing education.
 - Annual review of clinic and treatment charge master
 - How are annual updates from CMS handled?
 - Training of front-line and back-office staff
 - Are they competent? How do you know?
 - Online, Off-site training, on-site training, manuals



Training/Certifications for Staff

- Develop a training and annual checklist for front-line and back-office staff
- Certifications available:
 - ROCC (<https://store.amac-usa.com/SearchResults.asp?Cat=1514>)
 - CPC (<https://www.aapc.com/certification/cpc/>)
 - CEMC (<https://www.aapc.com/certification/specialty/cemc/>)
 - CHONC (<https://www.aapc.com/certification/specialty/chonc/>)
 - COC (<https://www.aapc.com/certification/coc/>)



Step 7

- Annual audit
 - When was the last time a neutral party reviewed your entire revenue cycle?
 - You can't afford not to do this.
 - Frequently!!!





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Questions?

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