

## **HFMA-EMC PLACEMENT COMMITTEE NEWS**

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### **Director, Enterprise RC Data Analytics & Business Intelligence**

Trinity Health  
Livonia, MI

#### **POSITION PURPOSE**

Directs and leads a team responsible for ongoing development, utilization and strategic deployment of analytical insights and methodologies for enterprise wide revenue cycle functions. Responsible for the strategic deployment of business intelligence tools to key stakeholders, including (but not limited to) Regional CFO's; PBS VP's; Revenue Excellence Leadership and system office senior leadership. Responsible for advising key stakeholders on trends or patterns in data that could warrant a change in course or issue escalation as well as how best to interpret these trends or patterns for effective and timely decision making.

Directs and leads a team responsible for creating and effectively deploying analytic tools to meet specific operational and strategic needs and also for overseeing the proper use of management and enterprise systems and data. Responsible for building a culture that allows the enterprise to better leverage data analytics and systematically influence change for operational excellence and also for ensuring appropriate standards, controls, and measures are in place.

Responsible for developing and maintaining collaborative relationships with both internal and external stakeholders and to fully understand strategic and operational business needs to ensure appropriate focus and prioritization to achieve top decile performance across Trinity Health. This position reports to the Vice President of Enterprise Revenue Cycle (RC) Performance Management and Support Services.

#### **MINIMUM QUALIFICATIONS**

- Required: Must possess a comprehensive knowledge of end-to-end revenue cycle strategies and systems, for both hospital and MGPS operations as normally obtained through a Bachelor's degree in Business, Healthcare Administration, Mathematics or a related technical field and minimum of seven (7) years of revenue cycle operations, revenue metrics and analytics, or revenue management experience or an equivalent combination of education and experience. Master's degree preferred.
- Broad-based and comprehensive knowledge of accounting systems and insurance issues, healthcare industry issues and trends, legal issues in field of expertise, required third party and governmental guidelines, and work processing methods and techniques.

- Ability to interpret, draw conclusions, and summarize financial and operational information to senior leadership through delivery of business case analyses that meet strategic and / or operational needs.
- Expert level skills with MS Office Applications: Microsoft Excel, Access, and PowerPoint. Knowledge and experience with statistical software i.e., SAS, SPSS, MiniTab, etc., and the ability to apply a working knowledge of Structural Query Language (SQL) and/or relational databases.
- Advanced analytical, evaluative and problem-solving skills to serve in an advisory role in inspiring and initiating new ideas, determining strategies in the absence of guidelines, fostering innovative approaches to situations/process/issues.
- Mastery of data management systems, proficiency in predictive analytics, and knowledge of coding languages (e.g., excel-based Macro programming) preferred.
- Ability to create and maintain a culture supportive of personnel, fostering individual motivation, teamwork and high levels of performance and accountability utilizing a participative leadership style to ensure staff retention. Ability to identify action plans to improve the quality of services in a cost-efficient manner and facilitates plan implementation.
- Excellent written and verbal communication skills to effectively identify, assess and facilitate improvements and problem resolution and to present advisory, persuasive and authoritative recommendation to all levels.
- Must possess strong project facilitation skills and ability to lead meetings with diverse interests and needs.
- Ability to continuously learn and seek professional development and growth through journals, professional local, regional and national affiliations, continuing education programs, seminars, and workshops to keep abreast of trends in revenue cycle operations and healthcare in general.
- Demonstrated experience serving in a leadership role and promoting positive Human Resource Management skills by fostering teamwork between business and clinical stakeholders and by recruiting, training, mentoring, retaining and managing staff able to achieve strategic objectives.
- Ability to collaborate with leadership as a credible, results-driven and valued business partner by engaging in proactive discussions and decisions around mission attainment, business performance, financial operations and impacts, negotiations, strategy and development of key programs and processes to identify and address current and future business and people challenges.

- Proven ability to effectively lead and manage team(s), including direct report(s), in ongoing operations and services against targeted performance indicators and budget. Proven ability to manage projects independently and to effectively lead team members by leveraging their contributions to accomplish project success. Experience deploying lean and / or six-sigma principles a plus.
- Strong leadership, integration, and execution skills. Considerable experience in planning, formulating, and executing strategies. Ability to define programs, processes or business objectives and scope. Demonstrated proficiency and expertise to identify, evaluate and articulate operational opportunities, and risks, business needs/gaps, and understand customer/stakeholder interests.
- Strong interpersonal, consultative, relationship building and conflict management skills to initiate and develop productive, collaborative partnerships with all levels of leadership across the organization. Ability to foster relationships with colleagues built on sustainable trust to provide long-lasting, comprehensive advice and service on operational related issues. Ability to effectively influence results, garner support, and tactfully manage complex relationships within and across the organization. Extremely high level of diplomacy and tact are required. Ability to read the subtle nuance of situation and react/plan accordingly.
- Must demonstrate strong organizational skills leading a combination of direct and dotted-line reporting relationships. Exhibits strong, collaborative leadership qualities that can bridge across multiple disciplines.
- Must possess a personal presence that is characterized by a sense of honesty, integrity, and caring with the ability to inspire and motivate others to promote the philosophy, mission, vision, goals, and values of Trinity Health.

APPLY ONLINE: [www.trinity-health.org](http://www.trinity-health.org)

### **Manager, Revenue Cycle Performance Management**

Trinity Health  
Livonia, MI

#### **POSITION PURPOSE**

Provides managerial direction, leadership, consultation and expertise for revenue cycle performance management team responsible for identifying opportunities for enhancement and/or standardization initiatives, managing the long-term success and sustainability of those initiatives, and continuous improvement projects within a defined population of Trinity Health Revenue Excellence. Work assignments are highly complex and require significant management and/or consulting knowledge and experience in order to plan, coordinate, influence and control the activities of others, as well as integrate activities that are relatively homogenous or diverse in nature. Motivates team

to achieve the highest levels of customer satisfaction and to meet the organization goals for customer service, operational and financial performance in order to achieve a world class revenue cycle team. Attends managerial meetings and supports the core values of Trinity Health, which is an integral part of this position. This position reports directly to the Director Revenue Cycle Performance Management.

**NOTE: This position is available for remote/ telecommuting**

### MINIMUM QUALIFICATIONS

- Required: Must possess a comprehensive knowledge of revenue cycle functions and systems, as normally obtained through a Bachelor's degree in Business or Healthcare Administration or a related field, and five (5) or more years of experience within the area of revenue management, specifically managing performance improvement or continuous process improvement projects other management functions related to revenue cycle activities or an equivalent combination of education and experience. Experience in a complex multi-entity healthcare organization or large complex revenue cycle services preferred.
- Exhibits superior management skills that emphasize team-building and strong leadership with the ability to provide clear direction to the department. Must demonstrate strong organizational skills leading a combination of direct and dotted-line reporting relationships.
- Extensive knowledge of and experience in project plan development, workflow analysis, and managing complex process improvement/change management projects. Ability to drive change and positive results and respond to difficult situations with ease. Extensive experience planning, formulating and executing strategies. Ability to identify, evaluate and demonstrate operational opportunities, business needs and recognize the interests of executive leaders, key stakeholders and decision makers.
- Excellent interpersonal, consultative, relationship and consensus building skills in order to effectively lead and facilitate multi-functional teams, develop collaborative partnerships with executive leaders, key stakeholders and decision makers, and operate comfortably in a collaborative, shared leadership environment. Ability to influence results, garner support and tactfully manage complex relationships across the organization. Ability to read the subtle nuances of situations and react/plan accordingly.
- Demonstrates superior written and verbal communication skills. Ability to facilitate communications between diverse groups. Ability to effectively identify, assess and facilitate improvements and solutions and present advisory and persuasive recommendations.

- Effective critical thinking, problem solving and decision making skills. Strong quantitative and analytical abilities to process and display data.
- Proficiency in Microsoft Office, including Outlook, Word, PowerPoint, and Excel.
- Must possess a personal presence that is characterized by a sense of honesty, integrity, and caring with the ability to inspire and motivate others to promote the philosophy, mission, vision, goals, and values of Trinity Health.

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### **Transaction Flow Consultant**

Henry Ford Health System  
Troy or Jackson, MI

#### **POSITION PURPOSE**

The Transaction Flow (TF) Consultant is responsible for leading and supporting teams through the design and implementation of initiatives that focus on people, process, and technology changes. In this role, identification of initiatives will occur through technical analysis and facilitation of multi-disciplinary, team based root cause analysis of edits and denials. TF Consultant should utilize knowledge of Epic optimization to implement identified initiatives and workflow processes. The TF Consultant will be responsible for synthesizing issues at a high-level and preparing recommendations for Leadership.

#### **JOB RESPONSIBILITIES**

- Develop project plans and perform project management for the design and continuous evaluation of CBO insurance follow up and recovery functions and workflow, to organize work based on production action to achieve optimal efficiency and productivity.
- Deliver significant business results that utilizes strategic and creative thinking, problem solving, and individual initiatives.
- Leads and supports the development of new CBO work queue structures based on homogeneity and production action, including development and monitoring of WQ-specific productivity metrics, and the development of WQ filtering and other methods to assign work.
- Perform surveillance of denial, edit, and other data elements to identify trends and opportunities for performance improvement.
- Coordinate and leads process improvement meetings to implement error prevention efforts. Research best practices for improvement and implement quantitative and qualitative benchmarking.
- Lead CBO department and cross-functional workgroups to implement initiatives to reduce denials and other errors. This includes coordination with other HFHS business units, Corporate revenue cycle, hospital departments, physician practices, and other teams across the organization.
- Coordinate and facilitate meetings with insurance payer representatives and internal leaders to develop a more efficient transaction flow and reduce transaction processing issues and administrative burdens. Prepare internal Leadership prior to external meetings.

- Manage the development of continuous feedback loops and communication with internal customers pertaining to denial and write off improvement opportunities.
- Assists with the development of process performance metrics. Documents current processes and new processes; facilitates design of new processes incorporating process improvement fundamentals (removing waste, hand-offs).
- Provides expertise using change management tools and methods to ensure successful and sustainable implementation of the transition to a production-oriented CBO recovery function, and process improvements to drive the reduction of denials, edits, and preventable loss write offs.
- With assistance on assigned projects, drives implementation of critical business metrics & ongoing end-to-end process reviews. This will include the following steps: a) Identify key processes and their indicators; b) Establish baseline metrics; c) Report through financial and business review process; and, d) Develop and maximize improvement plans.
- Supports, coaches, and mentors CBO team members and process owners to utilize a defined PDCA process improvement methodology.
- Communicate effectively in written and verbal formats to various situations and audiences.

#### MINIMUM QUALIFICATIONS

- Required: Bachelor's degree in Business Administration, Health Care Administration or related field.
- Master's Degree preferred.
- Minimum of three (3) years of healthcare experience required with progressively increasing areas of responsibility including performance improvement, project management, or staff management.
- Epic, revenue cycle and /or, large healthcare system experience preferred.

APPLY ONLINE: <https://henryford.referrals.selectminds.com/jobs/transaction-flow-consultant-healthcare-revenue-cycle-full-time-benefits-eligible-cbo-troy-or-jackson-29577>