

HFMA-EMC PLACEMENT COMMITTEE NEWS

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Revenue Integrity Senior Specialist

Henry Ford Health System
Troy, MI

POSITION PURPOSE

Reporting to the Manager, Revenue Integrity, the Revenue Integrity Senior Specialist has an important role in a high-profile group tasked with improving revenue results by taking a global view of clinical and financial processes, functions and interdependencies from the provision of patient care to final bill generation.

Under limited supervision from the Manager, Revenue Integrity or other more senior Revenue Integrity leaders, the Revenue Integrity Senior Specialist is responsible for the facilitation of multiple Revenue Integrity initiatives involving multiple clinical departments and practices focusing on revenue cycle integrity. Due to its service focus and project management emphasis, this position requires strong interpersonal and communication skills, well-developed analytic and organizational skills. The Revenue Integrity Senior Specialist applies a variety of continuous improvement and process improvement initiatives working with individuals and teams from project conception to implementation of process improvement initiatives. Project work may include technical analyses or may require facilitation of a large multi-disciplinary group of administrators and/or medical personnel. Works collaboratively with leadership to increase efficiencies, reduce variability, reduce errors/defects, and involve all appropriate personnel. Prepares reports and recommendations for management and coordinates implementation whenever possible. This individual provides needed continuous improvement training and education and works closely with other RI personnel to meet education needs at all levels throughout the institution. Serves as a technical consultant to other HFHS departments. May supervise work of Revenue Integrity Specialists as well as other staff within the Revenue Integrity Department. Communicates regularly with Management on specific projects. Flexibility, innovation, and creativity are necessary characteristics of the successful candidate. Individual is expected to continuously learn and apply new continuous improvement methodologies, and to spread successful innovation through the institution.

PRINCIPLE DUTIES & RESPONSIBILITIES

General

- Works with senior System and/or Business Unit leadership, department leaders and physician leaders to formulate strategies to lead improvement initiatives using various work processes, tools, procedures and methodologies including tracer audit approach, data analytics, process improvement methods and other problem solving approaches. Leads projects of increasing complexity (including complex systems, political, change and organizational issues); able to work independently on business unit initiatives.
- Growing knowledge on ways to collect, organize, and generate various analyses on more complex problems and processes. Is able to explain and teach others how to interpret various data pulls and sample results and utilize this information to identify areas to target for improvement initiatives and/or to perform root cause analyses.
- Researches best practices, including implementation of new products or systems, for Revenue Integrity initiatives and appropriately incorporates identified best practices into

process design.

- Develops and maintains collaborative working relationships with administrative and physician leaders in revenue producing departments, information systems personnel and clinical areas. Develops relationships with physicians throughout the organization. Acts as a business partner with physicians, both in clinical and academic areas.

Charge Capture

- Responsible for proactive review, improvement and maintenance of coding, charging and daily charge reconciliation processes.
- Assists in development of policies and procedures to improve accuracy and completeness of clinical charge capture for both facility (hospital) and professional revenue. Provides education and training to revenue producing departments and RI staff.
- Monitors the charge capture coding requirements and performance of charge capture per third party payer contracts across the entire revenue cycle.
- Works with organizational leadership in assessing, redesigning, and maintaining charge capture and clinical documentation processes as changes in reimbursement from third party payers occurs.
- Develops and maintains collaborative working relationships with revenue producing departments, information technology personnel, health information management and coding to include a forum for continuous overall process improvement and feedback.
- Monitors and evaluates the organizational charge capture performance to maintain cash flow and data integrity.
- Assists in design and the implementation of effective internal controls and infrastructure to ensure accurate and complete clinical documentation and charge capture.
- Incorporates accuracy of CPT/HCPCS coding in RI initiatives to reduce compliance risk and improve alignment with payer rules and regulations.
- Support clinical documentation improvement initiatives and training to support accurate billing and coding processes to improve reimbursement.
- Demonstrates knowledge of clinical documentation requirements to identify documentation opportunities to support various payor contractual provisions.
- Consults with Compliance on regulatory risk.
- Maintains current working knowledge of federal and state regulations regarding the revenue cycle.
- Maintains knowledge of contract provisions in other third party managed care contracts. Provides subject matter expertise to Finance/Reimbursement to ensure data validity and accuracy in payor reimbursement models

Project Management

- For assigned projects, develops a project scope document and project plan including the gathering of information, estimates of resources required, estimated timeline for completion, background, project objectives, description of proposed approach, deliverables, and a client communication plan. Demonstrates growing ability to develop the approach to these organizational improvement initiatives.
- Identifies core processes for end-to-end focus and applies the use of the HFHS Model for Improvement, incorporating the use of PI tools (Lean, six sigma, TOC, etc.) when appropriate.
- Leads and facilitates assigned initiatives, in a consulting capacity, in support of organizational improvement [within a function] that will drive or have direct impact on process improvements, reducing waste, and enhancing patient and/or customer satisfaction
- Assesses organizational performance (e.g., a function, a department, a key process, etc.) in relation to established goals and standards; recommend new approaches,

policies and procedures to effect continual progress toward goals and standards.

- Provides advice and consultation on “what to measure” for performance metrics. Develops process performance metrics. Documents current processes and new processes, including extended and related processes (more complex); facilitates design of new processes and incorporating process improvement fundamentals (removing waste, hand-offs).
- Develops improvement action plans, quantifies the business benefits, and provide leadership and mentoring to ensure implementation.
- 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.
- Provides expertise using basic change management tools and methods to ensure successful and sustainable implementation of improvements
- Conducts written and oral project updates for senior management and other leaders

Coaching

- With support from a more senior RI resource (Principal, Manager, Director) coaches & mentors team members and process owners to utilize a defined PDCA process improvement methodology, incorporating PI methods that ensure the use and appropriate interpretation of data for decision making.
- Provide expertise and tools to managers, leaders, etc. to develop and sustain process improvements.
- Is able to assess the culture and workplace environment using developing skills and competencies.

Other

- Develops effective communication methods to keep staff and others informed about RI initiatives of the organization and department.
- Demonstrates to others the incorporation of HFHS Team Standards and Mission, and Vision Statement into daily activities.
- Developing skills that help provide assistance and serve as a resource to departments and business units in identifying, planning and implementing RI improvement initiatives with alignment to System goals.
- Integrates quality customer service skills, leadership skills and communication skills when interfacing with both internal and external customers.
- Actively seeks opportunities for self-improvement through self-awareness and feedback.
- Actively pursues opportunities to become multi-skilled to serve a more diverse role in the organization, with developing skills in organizational improvement and business problem solving.
- Guides other RI Team Members in performing RI analyses, audits and projects.
- Other duties as assigned.

CERTIFICATIONS/LICENSURES REQUIRED

- Coding Credential (CPC, COC, CCA, CCS, RHIT) or Clinical Credential (RN, NP, PA) preferred.
- Certification in some or all of the following: Lean, Six Sigma or equivalent industry training and experience preferred.

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Senior Revenue Integrity Analyst – 2 positions

Henry Ford Health System

Troy, MI

POSITION PURPOSE

The Senior Revenue Integrity Analyst possesses a clear understanding of the hospital revenue cycle. The Senior Revenue Integrity Analyst provides system support by planning, implementing and evaluating needs for operations according to Revenue Integrity processes and work plan including data extraction and analysis from multiple systems. Coordinates and manages multiple projects simultaneously, reprioritizing as necessary. Identifies and implements solutions that support more efficient and effective work performance based on inherent knowledge of business processes.

EDUCATION/EXPERIENCE REQUIRED:

- Bachelor's Degree in Business Administration or Healthcare Finance, science or business focus or Bachelor's Degree in Computer Science with strong health care experience.
- Master's degree (MHA or MBA), preferred.
- Five (5) years of experience as financial analyst in hospital decision support or database management.
- Hospital and finance background strongly encouraged, preferred.
- Financial and Accounts Receivable experience in hospital environment.
- Quantitative and financial analysis skills; time management skills with ability to prioritize projects to meet deadlines.
- Competent in Microsoft office suite applications
- Experience with Microsoft SQL Server, SSAS, SSIS, and SSRS desired.
- Thorough understanding of SQL and relational databases required.
- Advanced SQL knowledge and capability.
- Database management and statistical analysis, preferred.
- Experience with reporting tools such as Qlik, Power BI, Tableau, Cognos, Business Objects, Crystal Report, SAS, or similar tools.

CERTIFICATIONS/LICENSURES REQUIRED:

- Epic Clarity Certification, preferred.

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