



Mission Statement: "Our goal is to provide education and process development to enhance communication and understanding among all individuals involved in the documentation and coding of the health record to ensure the clinical reliability and integrity of the health care data."

Title: Manager, Clinical Denial Solutions

Date Established: July 12, 2021

Reports To: Director of Operations

Employee Status: Exempt

JOB SUMMARY:

The Manager, Clinical Denial Solutions, is a credentialed coder, HIM professional, and Registered Nurse responsible for managing the Company's denial-related services, including MS DRG Assurance Program and DRG Secure. This role requires a delivery strategy focused on results, performance, process, and prioritization. This is a client-facing role and must build and maintain credibility with internal and external clients. This position aims to identify client revenue opportunities and function as a clinical denials analyst, facilitator, consultant, or project manager.

ESSENTIAL FUNCTIONS:

DRG Secure Service Line:

- Leads all denial solution team meetings, provides agenda items and follows up on action items.
- Collaborates with marketing on collateral to promote DRG Secure.
- Serves as SME with sales opportunities and collaborates with sales to promote DRG Secure.
- Review client contracts, specifically the Statement of Work, with sales before execution.
- Collaborates with sales team for new client kick-off with the transition of operations and client deliverables.
- Collaborate with CSM to resolve client questions or concerns related to the service line.
- Participates at marketing events and submits abstracts for speaking opportunities, as requested.
- Provides input and strategy for budgeting and revenue forecasts with COO.
- Review and reconcile monthly invoice reports for accuracy before client submission for DRG Secure clients.

OPERATIONS:

- Manage workflow and work assignments for all denial services.
- Develop, monitor, and manage production expectations.
- Collaborate with Consulting Services for resource allocation to assist with appeals, as needed.
- Ensure client deliverables are met based on contract language.
- Prepares and processes appeals on denied accounts provided by the client promptly.
- Analyze denials data, identify client trends and opportunities for education.

- Create and update policies and procedures, including DRG Secure Operations Manual.
- Responsible for maintaining and continued development of the MS DRG Denial Tracker & DRG Secure databases, including data entry, report management, and defining revisions to improve processes.
- Obtains appeal outcomes from clients and updates information in the database.
- Review and reconcile the “credit” report monthly before issuing client credits for DRG Assurance clients.

TALENT ACQUISITION AND MANAGEMENT

- Review and update job descriptions.
- Participate in recruiting, interviewing, and hiring process for new employees.
- Assist with onboarding and training new employees.
- Performs employee evaluations.

COMPANY EXPECTATIONS/GOALS:

- Complete mandatory annual HIPAA and Compliance Training in a timely manner
- Maintain confidentiality in all matters to include patient care, physician and employee matters
- Maintain accurate and reliable organizational records
- Maintain professional relationships with appropriate officials; communicate wholly and honestly; behave in a fair and nondiscriminatory manner in all professional contacts
- Assure data accuracy, work, or information and contribute ideas and suggestions to improve approaches, methodologies, and productivity.
- Maintain a professional relationship with clients focusing on a high level of client satisfaction
- Adhere to a personal plan of professional development and growth through professional affiliations, activities, and continuing education
- Support overall strategic goals of the Company

HOME OFFICE REQUIREMENTS:

- Must have a dedicated secure workspace to ensure adherence to HIPAA Privacy and Security policies and procedures when viewing protected health information (PHI)
- Computer with high-speed internet connection
- Telephone and printer/fax/scanner
- Company will provide laptop and access to necessary resources to perform job duties

EDUCATION, TRAINING, EXPERIENCE:

- AHIMA coding credential of CCS or CDIP or ACDIS credential of CCDS is required.
- Graduate of an accredited Health Information Technology or Administration program preferred with AHIMA credential or RHIT or RHIA.
- Minimum of 7 to 10 years of acute inpatient hospital coding, auditing, and DRG/clinical denial experience in a large tertiary hospital required. Consulting experience preferred.
- Experience with CDI (Clinical Documentation Improvement) programs preferred.

- AHIMA Approved ICD-10 CM/PCS Trainer preferred. Knowledge of ICD-10 CM/PCS required.
- Graduate of an accredited program of nursing preferred with a minimum of 3-5 years of hospital nursing experience in various clinical areas.
- Experience with electronic health records (i.e., Cerner, Meditech, Epic, etc.) required.
- Experience working remotely required.
- Excellent oral and written communication skills are required.
- Must demonstrate analytical ability, initiative, and resourcefulness.
- Ability to work independently required.
- Excellent planning and organizational skills are required.
- Teamwork and flexibility are required.
- Be proficient in Microsoft Office Word and Excel programs.

PHYSICAL DEMANDS:

- This is a full-time position, and general hours of work and days are Monday through Friday, 8:00 a.m. to 5 p.m. This position regularly requires long hours and potential weekend work.
- The overall physical workload is light. Sometimes work is generally sedentary, requiring long periods at a workstation.
- Travel is required when necessary.