Hennepin County Medical Center
Minneapolis MN

Lead Physician Advisor-Case Management

Hennepin County Medical Center seeks a Lead Physician Advisor to evaluate hospitalized patient needs with resources to meet quality, clinical, and regulatory standards. The Lead Physician Advisor assists with performing Utilization Management level of care chart reviews and provides clinical perspective on case management questions. Additionally, this provider will oversee protocols, standard work and schedules for the Physician Advisor program. In collaboration with the Medical Director of Clinical Documentation Improvement, will perform chart reviews for Hospital Acquired Conditions and Patient Safety Indicators and collaborate on other tasks related to improving inpatient provider documentation as appropriate.

Full or part time opportunity. Part time role as Leader Physician Advisor will be .50 FTE. Full time role would encompass .50 Physician Advisor role and .50 clinical appointment in specialty area.

<u>Responsibilities</u>

- Conduct level of care reviews not meeting criteria by nurse reviews; review with providers when a level of care change is suggested
- Evaluate complex care and discharge issues, continued stay medical necessity and delay in service delivery concerns
- Provide advice and education regarding provider utilization questions
- Readmission review for assessment of claim modification
- Payer denial and audit review for medical necessity and necessary appeals
- Preclaim reviews for high audit medical necessity risk areas
- Chart reviews for Hospital Acquired Conditions, Patient Safety Indicators, and provider documentation deficiencies
- Observation list review and assessment for transfer to inpatient level of care
- Assess Medical Surgical outliers for certification of medical necessity
- Assist with development of Physician Advisor schedules, meetings, protocols for reviews, standard work
- Education to providers and hospital staff in collaboration with the Medical Director of Case Management, Manager of Case Management
- Work with Medical Director of Case Management, Director of Transition Care assisting with Utilization Management Advisory Committee agendas, goals
- Interdepartmental work with Regulatory Review and Analysis, Revenue Cycle Management, Health Information Management (Coding, CDI), and Revenue Integrity in collaboration with the Medical Director of Case Management
- Be available for development of payer contracts, internal policy development related to medical necessity
- Implementation of new processes related to updated regulations, leadership requests, and medical staff needs

Qualifications

- MD or DO with clinical experience and current Minnesota medical licensure
- Minimum of two years’ experience in utilization management
- Experience in using an electronic health record, and clinical leadership, and clinical systems workflow
- Excellent communication skills (verbal and written) as well as data analysis and process evaluation skills
- Strong broad based clinical knowledge