



Physician Advisor - Remote

XSOLIS is a growing and innovative healthcare organization based in Nashville currently seeking experienced Physician Advisor candidates to provide concurrent review and appeal support services for its growing client base. A strong candidate should possess professional expertise as listed below and the desire to be a part of an organization with proven experience to innovate, execute and deliver. Ideally, the candidate will have experience with utilization management, understand the state and federal regulations, have knowledge about the denials and appeals process and have experience with physician documentation and electronic health records. This is an excellent opportunity to be part of an organization where you can apply practical working knowledge as a Physician Advisor to a solution that will change the way hospitals solve their administrative challenges.

Principal Duties and Responsibilities

- 1) Provide clinical reviews in accordance with Managed Care and CMS Regulatory Requirements in order to:
 - Assist with level of care and length of stay management on a case-by-case basis
 - Assist with the denial management process
 - Determine if professionally recognized standards of quality care are met
 - Participate in the concurrent and retrospective appeal peer-review process
- 2) Provide feedback to internal and external partners regarding level of care, length of stay and quality issues, which may also include joining client meetings to review observations and trends in physician behavior and/or documentation. Recommend and request additional, more complete, medical record documentation. Provide guidance to internal and external staff regarding status issues and alternatives to acute level of care when such care is not warranted. Provide education to internal and external staff related to regulatory requirements, appropriate utilization, and alternative levels of care.
- 3) Ensure appropriate documentation of patient care reviews, decisions, and other pertinent information. Be able to review cases with screening criteria, such as InterQual, MCG or other appropriate platforms. Develop and apply protocols related to evidence-based medicine and criteria.
- 4) Work with internal and external Care Management staffs to ensure appropriate continuity of care and provide education in order to assist in reducing readmissions.
- 5) Educate internal and external staff about ICD coding guidelines (e.g., co-morbid conditions, outpatient vs. inpatient) and clinical terminology to improve their understanding of severity, acuity, risk of mortality, and DRG assignments on their individual patient records.
- 6) Provide insight into the development of the XSOLIS appeal operations and technology platform. Work with the Data Analytics team and assist in the enhancement of clinical analytics.
- 7) Maintain current knowledge of federal, state, and payer regulatory and contract requirements.
- 8) Additional functions as deemed appropriate and warranted.



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Minimum Qualifications

Education:

Graduate of an accredited medical school. Additional education in quality and utilization management through continuing medical education programs and self-study.

Experience:

Minimum of 5 years recent experience in clinical practice. Utilization management experience as a member of the UM oversight committee or past physician advisor experience preferred.

Licensure:

Licensed physician without restriction.

To submit your CV for consideration, please email careers@poweredhealth.com with the words **Physician Advisor** in the subject field.

To learn more about XSOLIS, please visit our website at www.xsolis.com.

XSOLIS is an Equal Opportunity Employer, drug free workplace, and complies with ADA regulations as applicable.