Physician Advisor

Due to the changing landscape in healthcare it is becoming more and more challenging to receive payments for the quality care that Cleveland clinic provides. Payers often deny for administrative misses and require Cleveland Clinic to file appeals. The Cleveland Clinic is seeking motivated and eager Physicians to support Care Management and Revenue Cycle.

SUMMARY: At the Cleveland Clinic we strive to provide the best possible patient care. Each of our hospitals must also ensure that it maintains the fiscal discipline necessary to ensure its long-term viability. The Physician Advisor is the liaison between Revenue Cycle Management, Utilization Management and Physician practice. The Physician Advisors function as a clinical resource and consultant to medical staff and the Case Managers by providing identification, facilitation and resolution to utilization management issues.

RESPONSIBILITIES: Utilizes clinical guidelines and promotes standardization of clinical practice through best practice implementation. Supports and promotes care plan development and documentation compliance. Conducts concurrent second-level medical necessity reviews for all patient cases that do not meet first-level screening criteria for an inpatient admission. All factors mandated by CMS must be considered during this review, including: the patients medical history and current medical needs. Coordinates the process and documentation of proper Medicare Condition Code 44 use, when appropriate and assists with effective management of length of stay. Facilitates communication between managed care organizations and the hospital regarding benefit coverage issues, utilization review and quality assurance processes. Facilitates and assists the Pre-Access team with peer to peer reviews to obtain authorization for surgical cases. Performs retrospective clinical reviews utilizing payer policies, Government policies and clinical research to appeal denials. Communicates with commercial payers as requested to resolve any disputes surrounding medical necessity and authorization appeal determinations. Documents clearly and concisely all interactions, interventions and outcomes of clinical reviews in the Care Management tool and/or hospital billing systems. Provides consultation to Case Managers regarding complex clinical issues and advises on next steps. Serves as a consultant to medical professionals providing peer education to decrease denials and ensure compliance with regulatory requirements. Provides educational sessions including but not limited to patient status, appropriate documentation, payer requirements and government regulations. Participates on hospital committees and provides feedback on denial trends, practice patterns and recommendations for process improvement. Serving as an expert advisor to the hospitals UR Committee. Keeps up to date on the latest technologies and medical procedures. Other duties as assigned.

EDUCATION: Medical Doctor degree.

LICENSURE/CERTIFICATION/REGISTRATION: Doctor of Medicine (MD) or Doctor of Osteopathy (DO) required. Board certified required.

COMPLEXITY OF WORK: Requires critical think skills, decisive judgment and the ability to work with minimal supervision. Must be able to work in stressful environment and take appropriate action.

REQUIRED EXPERIENCE: Minimum of 3 years recent clinical experience. Background or actual involvement in health service delivery research or decision analysis preferred. Utilization Management or past Physician Advisor experience preferred. Knowledge of clinical criteria-Milliman and InterQual preferred.

PHYSICAL REQUIREMENTS: Manual dexterity to operate office equipment. Requires extended periods of standing, walking, sitting and carrying up to 25 pounds. Normal or corrected vision and hearing to normal range.