Revenue Cycle Manager - Revenue Integrity

Stamford Health

Job Location: Stamford, CT Full Time/Days

JOB SUMMARY:

The incumbent is responsible for maintaining a balance of financial, operational, and regulatory requirements to ensure integrity of revenue, to include regular reports and monitoring of risk, partnering with Finance leadership on price variation and remediation, maintaining charge description master (CDM), involvement in appeals processes where appropriate, denials management optimization when relevant, revenue monitoring/oversight/training with revenue-generating departments (charge capture and reconciliation partnership), and escalating issues with managed care contracting and commercial payers as identified to Managed Care. This person will exhibit strong analytical, problem solving, verbal and written communication skills, demonstrate the ability to manage conflict, and have a working knowledge of hospital and medical group operations. The role must also have the ability to manage both clinical and non-clinical workgroups across the health system.

MINIMUM REQUIREMENTS:

- Minimum 5 years management/supervisory experience.
- At least seven years of revenue cycle experience required. Previous middle revenue cycle experience (HIM, CDI, Coding, RI) at a manager level or above within a healthcare setting preferred. Experience with leading and/or building a revenue integrity program a plus. Professional certification from reputable organization within the industry desirable (HFMA, HIMSS, AHIMA, AMA).
- Superior verbal and written communication and presentation skills to effectively address all levels within the
 organization establishing effective relationships with other operational leaders, executives, physicians, and stafflevel employees.
- Knowledge and expertise across all aspects of healthcare revenue cycle functions, including registration, coding and documentation standards, billing and collection processes and government and payer regulations.
- Knowledge of CMS regulations, medical terminology and the various data elements associated with all types of claims.
- Knowledge of local, state and federal regulatory requirements related to compliant charge capture and billing practices.
- Ability to effectively establish/manage priorities and organize work structure in a fast-paced environment.
- Experience with creating education materials and training staff on Revenue Cycle processes and workflows.
- Strong analytical capacity with reporting capabilities, as needed.

EDUCATION/LICENSES/CERTIFICATIONS:

- Baccalaureate Degree required.
- Master's degree in Business Administration, Healthcare Administration or relevant equivalent highly desirable.
- Active CPC designation preferred.

FOR MORE INFORMATION/TO APPLY:

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