REIMBURSEMENT SPECIALIST (HEALTH CARE)

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, the incumbent of this class is responsible for monitoring in-patient, out-patient and client services through the analysis of reimbursement methodologies (DRG's, Medicare/Medicaid, managed care, etc.) and operational data for the purpose of identifying any potential clinical and/or reimbursement impact on the Department. This position serves a variety of functions designed to obtain maximum efficiency in the gathering and reporting of information in order to evaluate and refine reimbursement methodology activities. It requires extensive contact with other departments, and their department heads, to ensure that objectives as they relate to reimbursement are met; that activities and problem areas are corrected; and opportunities to maximize reimbursement rates are addressed. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Serves as the liaison between all the divisions of the assigned Department and the Medical Staff in the gathering and disseminating of information to appropriate personnel pertinent to case mix, reimbursement report analysis, and regulatory impact to their operations;

Develops, maintains and utilizes a case mix/reimbursement methodology data base to substantiate projections;

Applies third party methodologies to the reimbursement database in order to analyze profitability of the various methodologies, including in-patient and outpatient revenues by various payors;

Gathers, compiles and analyzes case mix data in order to establish operational and reimbursement trends;

Calculates, reviews, and monitors reimbursement methodology payment rates;

Evaluates the impact of revisions to existing reimbursement payment methodology on the operational and revenue goals of the Department;

Develops, compiles and analyzes various reports related to the various reimbursement methodologies and other reimbursement activities;

Works with clinical staff in the development phase of specialty clinics/programs to develop and implement information reporting procedures necessary to maximize applicable reimbursement rates;

Attends meetings, conferences and seminars as required;

Uses computer applications or other automated systems such as spreadsheets, word processing, calendar, email and database software in performing work assignments;

May access protected health information (PHI) in accordance with departmental assignments and guidelines defining levels of access (i.e. incidental vs. extensive);

EXAMPLES OF WORK: (Illustrative Only) (Cont'd.)

Performs related administrative duties to insure the effectiveness of the program;

May perform other related tasks, as needed.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Good knowledge of the principles and practices of hospital administration; good knowledge of reimbursement methodologies, including Diagnostic Related Groups (DRG's) as defined by Medicare and New York State and their development as they relate to hospital costs and expenditures; good knowledge of Medicare Prospective Payment System and the New York State Prospective Payment System; familiarity with the operational organization of a large hospital and the functions of its various divisions; ability to identify, gather and compile pertinent information used to prepare detailed financial, statistical and narrative reports; ability to perform analytical reviews of rates and adjustments in order to ascertain their implications for hospital financial management; ability to deal effectively with a wide range of professional, administrative, technical and clerical personnel; ability to communicate effectively both orally and in writing; ability to effectively use computer applications such as spreadsheets, word processing, calendar, email and database software; ability to read, write, speak, understand and communicate in English sufficiently to perform the essential duties of the position; sound and mature judgment; resourcefulness; initiative; tact; physical condition commensurate with the requirements of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: Graduation from a recognized college or university with a Bachelor's Degree* and three years of experience working with reimbursement methodologies (DRG's, managed care, medicare, etc.) for a third party payor, health care consulting firm, or in a hospital division of Reimbursement, Patient Accounts or Accounting.

SUBSTITUTION: A Master's Degree* in Finance, Accounting, Health or Hospital Administration or closely related field may be substituted for one year of the above experience.

SPECIAL NOTE: The following are not considered qualifying experience:
   1) Experience processing or reviewing medical insurance claims
   2) Experience determining eligibility for Medicaid or social service programs
   3) Experience administering self-insurance plans.

*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education department as a post-secondary, degree-granting institution.

West Co.   Job Class Code: C2693
J.C.: Competitive   Job Group: XIII
DRC3
1