

HEALTH CARE REIMBURSEMENT ANALYST SERIES

<u>Code No.</u>	<u>Class Title</u>	<u>Occ. Area</u>	<u>Work Area</u>	<u>Prob. Period</u>	<u>Effective Date</u>
4815(0105)	Health Care Reimbursement Analyst I	01	441	6 mo.	02/07/96
4816(0105)	Health Care Reimbursement Analyst II	01	441	12 mo.	02/07/96
4817(0105)	Health Care Reimbursement Analyst III	01	441	12 mo.	02/07/96

Promotional Line: 136

Series Narrative

Employees in this series prepare lengthy annual reporting forms and aggregate cost reports for a health care facility in order to secure maximum reliable reimbursement for the medical services it provides under publicly supported programs (such as Medicare, Medicaid, and Blue Cross) as required and regulated by federal, state, or local government and other agencies. Cost reports are completed annually and involve detailed statistical and financial modeling, step down cost allocations and data gathering, and analysis and manipulation from numerous sources, to determine the actual cost of providing health care to recipients based on complex government rules and regulations. Health Care Reimbursement Analysts also analyze, advise facility administrators via impact analyses, and follow up on proposed or new changes in legislation that would affect the funding of health care facilities. The Analysts furthermore oversee the annual audits conducted by third party payors, answering questions that auditors might have, providing support for reported data, analyzing and working out adjustments with the auditors, and, if agreement cannot be reached, preparing position papers for appeals to federal adjudicators. Health Care Reimbursement Analysts therefore are involved in the determination of a health care facility's aggregate annual third party receivables, payables, and contractual allowances. Experienced analysts understand reimbursement maximization techniques and apply these methods and procedures for the financial benefit of the facility. In addition, the Health Care Reimbursement Analysts are responsible for preparing and defending year-end adjustments to third party receivables and payables for the facility's outside audit firm.

At the lowest level of the series a Health Care Reimbursement Analyst I assists in gathering and formatting data to be submitted in compliance with outside agencies' regulations. A Health Care Reimbursement Analyst II makes recommendations for the development and implementation of procedures and methods for completion of third party reporting and coordinates the completion of information necessary for reporting. Through advanced knowledge and experience in health care reimbursement, the Health Care Reimbursement Analyst III is responsible for developing complex financial and statistical models for reimbursement enhancement, as well as for ensuring compliance with all Medicare and other agency reporting and requirements. Advanced theories, concepts, and practices are used to resolve complex reimbursement issues.

DESCRIPTIONS OF LEVELS OF WORK

Level I: Health Care Reimbursement Analyst I

4815(0105)

Employees at this level are professionals who assist in the preparation, maintenance, and monitoring of a health care facility's third party reimbursement reporting. They also perform routine costing and analysis of data for submission to outside agencies. They work under general supervision of a designated supervisor.

A Health Care Reimbursement Analyst I typically--

1. gathers data and prepares information required for review to be included in the preparation of third party cost reports
2. assists in the analysis and interpretation of rules and regulations as they apply to the health care facility and ensures the data is in the format required for reporting purposes
3. assists in assembling data as required during audits by various third party payors
4. compiles and keeps up to date the Commerce Clearing House Medicare and Medicaid guides, and ensures that staff and management are kept abreast of new developments
5. assists in the examination and analysis of new regulations to determine the financial impact on the health care facility
6. performs other related duties as assigned

Level II: Health Care Reimbursement Analyst II 4816(0105)

Employees at this level are experienced professionals who prepare, maintain, and monitor a health care facility's third party reimbursement reporting. They work under the supervision of a designated administrator.

A Health Care Reimbursement Analyst II typically--

1. using a knowledge of Medicare and Medicaid government regulations, completes statistical and financial modeling to produce cost reports to ensure all possible reimbursement enhancements or opportunities are captured
2. completes analysis of new developments and/or proposals in the reimbursement field to determine the financial impact on the health care facility
3. gathers data and completes required analysis at the request of outside audit staff during audits by Medicare, Medicaid, and Blue Cross and reports the impact of audit adjustments to management
4. assists management in the analysis and development of third party contractual allowances, using financial and statistical modeling
5. assists management in the analysis and development of bad debt projections, using financial modeling, for budget forecasting
6. assists more senior staff members in the review of existing operating procedures and makes recommendations for the development of settlement data to maximize reimbursement from third party payors
7. recommends improvements and modifications to departmental operating procedures to maximize operating efficiency and reimbursement

8. completes review and analysis of prior years' outstanding cost reports to resolve outstanding issues in conformance with regulations and within the time frame imposed by the federal government's statute of limitations
9. provides assistance, by reviewing current and prior years' data and other necessary variance explanations, in coordinating the annual financial audit of the health care facility by outside audit firms
10. performs other related duties as assigned

Level III: Health Care Reimbursement Analyst III **4817(0105)**

Employees at this level apply advanced third party reimbursement principles, theories, concepts, and practices in order to independently resolve complex reimbursement problems and to develop intricate financial and statistical models, including those for which no clear precedent has been established by the health care facility. They work under the direction of a designated administrator.

A Health Care Reimbursement Analyst III typically--

1. supervises the completion of third party cost reports, ensuring that all reimbursement enhancements or opportunities are applied
2. analyzes complex new reimbursement field developments and proposals to determine the impact on the health care facility; implements procedures to ensure that all possible reimbursement enhancements or opportunities are applied
3. acts as coordinator for reimbursement audits conducted by Medicare and other third party payors and examines and reports the impact of the audit adjustments to management
4. prepares federal appeal position papers for outstanding issues that cannot be resolved, such as differing opinions regarding audit adjustments
5. performs complex and intricate financial modeling for the development of third party contractual allowances
6. performs complex and intricate financial modeling for the development of bad debt projections
7. reviews existing operating procedures for the reimbursement of funds from third party payors and makes recommendations for the development of settlement data to maximize reimbursement, including the implementation and modification of ongoing procedures
8. coordinates the reimbursement section's input into the annual financial audit performed by the health care facility's outside audit firm
9. represents the health care facility at hearings with outside agencies to appeal any unfavorable outcomes
10. develops financial and statistical reporting systems to comply with reimbursement determinations and requirements

11. reviews prior years' outstanding cost reports to resolve unfavorable issues and adjustments in conformance with regulations and within the time frame imposed by the federal government's statute of limitations
12. trains and coordinates the activities of subordinates in reimbursement functions
13. performs other related duties as assigned

MINIMUM ACCEPTABLE QUALIFICATIONS REQUIRED FOR ENTRY INTO:

Level I: Health Care Reimbursement Analyst I 4815(0105)

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Any one or any combination of the following types of preparation:
 - (a) credit for college course work comparable to that leading to a major in accounting, business administration, or finance
 - (b) progressively more responsible work experience and/or on-the-job training that provided a knowledge of generally accepted principles, theories, and practices used in one of the above fields and that was of such scope, level, and quality as to assure the applicant's ability to undertake entry level professional work in one of the above fields; such work experience and/or on-the-job training must be evaluated on the basis of their/its comparability to a normal curriculum in one of the above academic programs, taking into account the relationship of the work experience and/or on-the-job training to the content of the courses in the curriculum*

that totals 1.0 unit according to the following conversion rates:

120 semester hours (or Bachelor's degree) of "a" = 1.0 unit

3 years of "b" = 1.0 unit.

Amounts of training or experience less than those listed above should be converted to decimal equivalents of 1.0 unit and added together when computing combinations of the different types of preparation.

NOTE: Possession of a Certified Public Accountant certificate satisfies requirement 1.

2. one year of professional experience in third-party reimbursement for health care facilities (such as an accountant or auditor)

*In substituting work experience and/or on-the-job training for formal academic instruction as provided above, it is recommended that, in order to ensure consistent application of these qualifications, the evaluation and verification of an applicant's work experience/training be accomplished through the cooperative efforts of the personnel office and an experienced practitioner in the appropriate above field in a manner that will preserve the applicant's anonymity.

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. broad knowledge of basic theories, principles, methods, and procedures of professional accounting
2. basic knowledge of third party reimbursement rules and regulations
3. basic knowledge of third party reimbursement reporting procedures and requirements
4. broad knowledge of office methods and procedures
5. knowledge of automated data processing systems
6. ability to prepare basic reimbursement analysis reports
7. ability to evaluate reimbursement problems
8. ability to analyze and interpret reimbursement records and reports
9. ability to perform detailed work involving written or numerical calculations rapidly and accurately
10. ability to work effectively with others

Level II: Health Care Reimbursement Analyst II**4816(0105)**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. possession of the credential requirements listed for the Health Care Reimbursement Analyst I
2. two years of work experience comparable to that of a Health Care Reimbursement Analyst I

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. broad knowledge of third party (Medicare, Medicaid, and other agencies) reimbursement rules and regulations
2. broad knowledge of third party reimbursement techniques
3. detailed knowledge of accounting systems as they relate to the reimbursement field
4. ability to develop financial and statistical models for third party cost reimbursements and enhancements via automated office equipment
5. ability to develop third party cost reports for a health care facility in accordance with generally accepted standards as set by third party payors
10. ability to operate a personal computer and peripherals

Level III: Health Care Reimbursement Analyst III 4817(0105)

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. possession of credential requirements listed for the Health Care Reimbursement Analyst II
2. three years of work experience comparable to that of a Health Care Reimbursement Analyst II

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. extensive knowledge of third party reimbursement rules and regulations
2. extensive knowledge of third party reimbursement accounting principles, techniques, and requirements
3. ability to train, supervise, and coordinate the activities of subordinates engaged in reimbursement functions
4. ability to analyze and interpret extensive, complex reimbursement records and reports
5. ability to report on complex reimbursement problems
6. ability to resolve complex reimbursement problems
7. ability to deal tactfully with persons regarding controversial issues and problems

Health Care Reimbursement Analyst I	(NEW)
Health Care Reimbursement Analyst II	(NEW)
Health Care Reimbursement Analyst III	(NEW)