

HFMA - MICHIGAN GREAT LAKES CHAPTER
PLACEMENT COMMITTEE NEWS

Best of luck on your job search! Also, remember to check the Professional Recruiting section on our website.

Director, Revenue Cycle

Memorial Healthcare
Owosso, MI

POSITION PURPOSE

The Director of Revenue Cycle, under direction of the Associate Vice-President Finance, provides leadership, direction, and administrative oversight to all hospital leadership for revenue cycle functions such as: Patient Access, Guest Services. Financial counseling, Scheduling, Referral management, Revenue integrity, Charge description manager, Payer Contracting, Reimbursement, Facility and professional billing, Accounts receivable and collections processes.

Strives for superior performance by consistently providing a product or service to leadership and staff that is recognized as ultimately contributing to the patient and family experience. Recognizes and demonstrates understanding of patient and family centered care.

JOB RESPONSIBILITIES

- Manages and oversees people, systems and processes for revenue integrity, charge
- Plans and directs the activities of the Patient Financial services department, Patient Access (including Guest Services and financial counseling), Call Center, Referral Center and Professional billing services.
- Creates and implements policies and procedures to promote effective patient account processes to ensure customer satisfaction and revenue cycle operational effectiveness.
- Responsible for oversight of the Charge Description master to ensure compliant billing practices for both facility and professional billing services.
- Responsible for oversight of all registration, scheduling, referral and billing processes for the organization.
- Evaluates and ensures appropriate and compliant collection policies and procedures.
- Manages the revenue cycle vendors to optimize the financial impact of the facility.
- Responsible for Managed care contract maintenance, negotiations and analysis of contract performance.
- Responsible for determination of personnel requirements for Revenue cycle departments.
- Assesses, identifies and defines areas of opportunity for reengineering processes to improve the management of the revenue cycle and cash flow.
- Provides direction and oversight for the implementation of key internal controls and procedures supporting the integrity of the revenue cycle and other business operations.
- Supports all charge generating departments in developing processes and tools to ensure accurate and timely processing of unbilled receivables and charge capture.
- Responsible for assessing and implementing appropriate training programs to meet organizational and customer expectations.
- Develops and provides, in conjunction with IT, adequate and accurate reporting tools for monitoring and validating revenue cycle performance.

- Responsible to maintain Accounts receivable at appropriate levels for both hospital and professional billings.
- Provides guidance to administration and clinical departments on expected reimbursement for new programs/services being evaluated.
- Responsible for having a working knowledge of CMS guidelines and stay apprised of reimbursement/payment changes and reform and provide guidance to the facility on how to meet these regulations.
- Responsible for maintaining compliance with Provider Based billing regulations.
- Responsible for achieving satisfactory obligations of MSO contracts and ensuring positive relationships with those providers.
- Responsible for maintaining compliance with 501r regulations for the organization.
- Maintains a close working relationship with the Finance department of the hospital and the facility and professional health information management departments.
- Facilitates the monthly Revenue cycle committee meeting.
- Works independently and manages multiple projects simultaneously.
- Demonstrates knowledge of and supports hospital mission, vision, value statements, standards, policies and procedures, operating instructions, confidentiality statements, corporate compliance plan, customer service standards, and the code of ethical behavior.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's Degree in Accounting, Finance, Business Administration or Healthcare Administration is required.
- Minimum of five (5) years experience managing or directing hospital and or physician practice Accounts Receivable required.
- Minimum of five (5) years experience managing or directing hospital registration and scheduling departments required.
- Knowledge of CMS and third party payor regulations and policies related to revenue cycle operations required.
- Experience with Microsoft Excel and Word required.
- Demonstrated experience in leadership with exercising judgement in problem solving.

Preferred Qualifications

- Master's degree preferred.
- Certified Healthcare Finance Professional (HFMA), Certified Revenue Cycle Professional (HFMA) or Certified Revenue Cycle Specialist (AAHAM), preferred.
- Experience in processing referrals for physician practices highly preferred.
- Managed Care contracting experience highly preferred.

APPLY ONLINE: www.memorialhealthcare.org

Manager, Revenue Integrity

Memorial Healthcare
Owosso, MI

POSITION PURPOSE

Under general supervision of the Director, Revenue Cycle manages revenue integrity operations for the hospital and medical group. Provides oversight and leadership for a team responsible for, but not limited to, charge description master (CDM) maintenance, centralized charge control, appropriate revenue and reimbursement, complex claim denial coordination, payer audits and denial prevention.

Strives for superior performance by consistently providing a product or service to leadership and staff that is recognized as ultimately contributing to the patient and family experience. Recognizes and demonstrates understanding of patient and family centered care.

JOB RESPONSIBILITIES

- Manages and oversees people, systems and processes for revenue integrity, charge control functions, and the performance of revenue integrity metrics.
- Implements revenue enhancement initiatives and education.
- Manages system enhancements, new programs and facility changes including analysis of impact on net revenue, reimbursement and processes.
- Analyzes and displays data in meaningful formats.
- Keeps abreast of all current payer medical policies, makes any changes to prevent loss in reimbursement, including but not limited to, Medicare and Medicaid web sites, Payer websites and newsletters for changes impacting charging, coding and billing.
- Oversees CDM maintenance and enhancement by analyzing departmental charges, identifying and implementing charge improvements, assisting individual departments with reconciling charge discrepancies, and determine the reimbursement impact of CPT revisions.
- Maintains and monitors the process for calculating price recommendations for CFO approval.
- Conducts service line and new product analyses and provides information to organizational leadership.
- Manages the organizational payer contracting system.
- Conduct financial modeling of contracts terms from Third Party Payers.
- Develop and maintain scorecards related to Managed Care contracts.
- Conducts research on regulatory issues related to Revenue cycle functions as needed.
- Assist Revenue Cycle management team with project management related to key projects that have a significant impact across the organization.
- Conducts disciplinary discussions and completes required documentation in a respectful, timely manner.
- Completes staff performance evaluations within appropriate timeframes.
- Completes annual department budget and maintains departmental expenses within budget or provides reason for approved variance.
- Works with Memorial Healthcare leadership team related to process improvement and optimization to achieve best practices and positively impact net revenue and cash flow performance.
- Will be assigned special projects from the Director, Revenue cycle as needed.
- Demonstrates knowledge of and supports hospital mission, vision, value statements, standards, policies and procedures, operating instructions, confidentiality statements,

corporate compliance plan, customer service standards, and the code of ethical behavior.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's degree in Business, Accounting, health or public administration required.
- Experience and Proficiency with Microsoft Word, Excel and Outlook required.
- Minimum of Five(5) years of experience in Revenue Cycle/ Healthcare Finance or Billing required.
- Experience in Revenue Cycle operations and information systems required.

Preferred Qualifications

- RHIA, RHIT, CCS, CPC/COC, CPC-H or other coding credentials strongly preferred.
- Project management experience preferred.

APPLY ONLINE: www.memorialhealthcare.org