

PART I	HAWAII HEALTH SYSTEMS CORPORATION	2.340
	STATE OF HAWAII	2.341
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	Class Specifications	2.344
	for the Classes:	2.345
	<u>CHARGEMASTER COORDINATOR I – V</u>	
	<u>CHARGEMASTER MANAGER</u>	
	SR-16; SR-18; SR-20; SR-22; SR-24; SR-26	
	BU:13	

CHARGEMASTER COORDINATOR I 2.340

Duties Summary:

Receives training and assists in a trainee capacity in activities pertaining to principles, policies, procedures and regulations fundamental to coding of Charge Description Master (CDM)/Service Catalog (SC) are within applicable coding guidelines; and performs other duties as required.

Distinguishing Characteristics:

This class involves assignments designed to provide experience in the evaluation and implementation of the Medicare, Medicaid and other third party payer billing and coverage guidelines relating to CDMs/SC codes for proper billing and reimbursement and the use of CDM/SC software maintenance tools and other resources to ensure timely updates and implementation of CDM/SC changes. Assignments are part of a planned, organized training program and are characterized by detailed instructions and close review.

Examples of Duties:

Attends orientation and training sessions; learns the procedures, work processes, regulations, and other aspects of the CDM/SC program; performs routine tasks for the purpose of gaining knowledge and developing skill in the application of CDM/SC procedures and applicable coding guidelines.

Knowledge and Abilities Required:

Knowledge of: Principles and practices of CDM/SC procedures and guidelines.

Ability to: Learn to apply various CDM/SC procedures and guidelines; learn and apply pertinent laws, rules and regulations; and deal effectively with people.

CHARGEMASTER COORDINATOR II

2.341

Duties Summary:

As an advanced trainee, receives formal and on-the-job training, in work processes, CDM/SC policies and procedures; coding guidelines; performs a variety of assignments ranging from the simple to moderately difficult; and performs other related duties as assigned.

Distinguishing Characteristics:

This class is the advanced trainee level through which the trainee advances as part of his/her progression to full performance as an independent worker. An incumbent of this class is required to apply knowledge of CDM/SC policies, procedures, and practices in carrying out his/her assignments. The advanced trainee performs a variety of assignments which involve simple to moderately difficult work. The degree of instruction and review received varies with the newness and complexity of the assignments and the progress made by the trainee.

Examples of Duties:

Participates in the implementation, work process and reporting of CDM/SC program activities; performs a variety of tasks in the application of CDM/SC policies and procedures and appropriate coding guidelines.

Knowledge and Abilities Required:

Knowledge of: Principles and practices of CDM/SC procedures and guidelines

Ability to: Apply various CDM/SC policies and procedures; pertinent laws, rules and regulations; and deal effectively with people.

CHARGEMASTER COORDINATOR III

2.342

Duties Summary:

Independently performs moderately difficult work processes concerning CDM/SC program procedures and activities; and performs other related duties as assigned.

Distinguishing Characteristics:

The work assignments routinely encompass problems of average difficulty and complexity, requiring the application of CDM/SC policies, procedures and coding guidelines. Uses sound judgment in applying the fundamental CDM/SC policies, procedures and standards.

Examples of Duties:

Ensures the appropriate bundling or unbundling of charges to achieve maximum reimbursement while following applicable billing, coding and reimbursement regulations; reviews and keep current on Medicare intermediary and other third party payer provider bulletins, billing and reimbursement manuals; assists regional billing personnel in resolving third party payer billing denials related to CDMs/SC and work with departments to adjust the coding and/or processes to minimize billing denials; follow HHSC CDM/SC policies & procedures; identify new charge opportunities as billing and coverage rules and regulations changes; effectively utilize available internal/external CDM/SC software application/automation to obtain timely access to regulatory changes and identify and implement specific CDM /SC coding changes; meet with service departments to ensure CDM/SC descriptions, billing codes and charging processes accurately captures the services rendered; and assist departments in developing standardized CDMs/SC with recommended prices for new services consistent with other services and in accordance with established practice and policies.

Knowledge of: Good working knowledge of current regulatory guidelines, billing and reimbursement issues from Medicare, Medicaid and other major third party payers and data flow from service department to patient billing as it relates to CDMs/SC. Knowledge of applicability of the CDM fields in the billing system and the proper use and establishment of those fields.

Ability to: Ensure the CDMs/SC established are standardized, valid, up to date for the services provided and billable based on coverage guidelines with the major third party payers; follow and apply HHSC's CDM/SC policies and procedures; ability to work effectively with a variety of personnel in a team environment; and analyze, evaluate and draw sound conclusions from available information.

CHARGEMASTER COORDINATOR IV

2.343

Duties Summary:

Assists in coordinating, monitoring and maintaining the region's Charge Description Master (CDM)/Service Catalog (SC) to ensure the coding of new and existing CDMs/SC are standardized and updated within the applicable coding guidelines, assists in implementing HHSC's policies & procedures and CDM/SC changes, assists in the resolution of charge errors and other billing problems relating to CDMs/SC, and provides coverage guidelines for billable services to hospital departments to prevent claim denials.

Distinguishing Characteristics:

Assist in implementing Medicare, Medicaid and other third party payer billing and coverage guidelines relating to CDMs/SC for proper billing and reimbursement. Utilize CDM/SC software maintenance tools and other resources to ensure timely updates and implementation of CDM/SC changes.

Examples of Duties:

Ensures the appropriate bundling or unbundling of charges to maximum reimbursement while following applicable billing, coding and reimbursement regulations; reviews and keeps current on Medicare intermediary and other third party payer provider bulletins, billing and reimbursement manuals and communicate relevant information to all applicable departments related to CDMs/SC; assists the regional billing personnel in resolving third party payer billing denials related to CDMs/SC and work with departments to adjust the coding and/or processes to minimize billing denials; assists in the coordination of CDM/SC changes within the various clinical systems to ensure CDM/SC codes from all clinical systems are properly interfaced into the billing system for timely billing of services rendered, assists in reviewing and resolving charge errors related to CDM/SC, assists in the coordination and implementation of HHSC CDM/SC policies & procedures; identify new charge opportunities as billing and coverage rules and regulations changes; effectively utilize available internal/external CDM/SC software application/automation to obtain timely access to regulatory changes and identify and implement specific CDM/SC coding changes; meet with service departments to ensure CDM/SC descriptions, codes and charging processes accurately captures the services rendered; participate in CDM/SC reviews and assist in the implementation of CDM/SC recommendations and findings; and assist departments in developing standardized CDMs/SC with recommended prices for new services consistent with other services and in accordance with established practice and/or policies.

Knowledge of: Good working knowledge of current regulatory guidelines, billing and reimbursement issues from Medicare, Medicaid and other major third party payers and data flow from service department to patient billing as it relates to CDMs/SC. Knowledge of applicability of the CDM/SC fields in the billing system and the proper use and establishment of those fields.

Ability to: Ensure the CDMs/SC established are valid, up to date for the services provided and billable based on coverage guidelines with the major third party payers; follow and apply HHSC's CDM/SC policies and procedures; ability to work effectively with a variety of personnel in a team environment; and analyze, evaluate and draw sound conclusions from available information.

CHARGEMASTER COORDINATOR V

2.344

Duties Summary:

The Chargemaster Coordinator V monitors and maintains the region's Charge Description Master (CDM)/Service Catalog (SC) to ensure the coding of new and existing CDMs/SC are within the applicable coding guidelines, coordinate with the Chargemaster Manager to implement Hawaii Health Systems Corporation (HHSC) policies & procedures and CDM/SC changes within the region, resolve billing problems relating to CDMs, and provides coverage guidelines for billable services to hospital departments to prevent claim denials.

Distinguishing Characteristics:

Effectively implement the Medicare, Medicaid and other third party payer billing and coverage guidelines relating to CDMs/SC for proper billing and reimbursement. Utilize CDM/SC software maintenance tools and other resources to ensure timely updates and implementation of CDM/SC changes.

Examples of Duties:

Ensures the appropriate bundling or unbundling of charges to maximum reimbursement while following applicable billing, coding and reimbursement regulations; review and keep current on Medicare intermediary and other third party payer provider bulletins, billing and reimbursement manuals and communicate relevant information to all applicable departments related to CDMs/SC; assists the regional billing personnel in resolving third party payer billing denials related to CDMs/SC and work with departments to adjust the coding and/or processes to minimize billing denials; coordinates CDM/SC changes within the various clinical systems to ensure CDM/SC codes from all clinical systems are properly interfaced into the billing system for timely billing of services rendered, reviews and resolves charge errors related to CDM/SC; coordinate the implementation of HHSC CDM/SC policies & procedures; identify new charge opportunities as billing and coverage rules and regulations changes; effectively utilize available internal/external CDM/SC software application/automation to obtain timely access to regulatory changes and identify and implement specific CDM/SC coding changes applicable to regions/facilities; meet with service departments on an as needed basis to ensure CDM/SC descriptions, codes and charging processes accurately captures the services rendered; participate in facility CDM/SC reviews and coordinate the implementation of CDM/SC recommendations and findings; promote the importance of respective service department's responsibility in understanding the coverage, billing and reimbursements of the services performed in their departments and their roles in ensuring that the CDMs/SC are current and accurately reflects the services provided; assist department in developing CDMs/SC with recommended prices for new services consistent with other services and in accordance with established practice and/or policies.

Knowledge of: current regulatory coverage guidelines, billing and reimbursement issues from Medicare, Medicaid and other major third party payers; data flow from the service department to patient billing relating to the CDMs/SC; and understand the applicability of the CDM fields in the billing system and the proper use and establishment of those fields.

Ability to: Ensure the CDMs/SC established are valid, up to date for the services provided and billable based on coverage guidelines with the major third party payers; implement HHSC's Charge Master policies and procedures within the region; ability to work effectively with a variety of personnel in a team environment; and prepare clear and concise reports; analyze, evaluate and draw sound conclusions from available information.

CHARGEMASTER MANAGER

2.345

Duties Summary:

Develop, plan and direct Charge Description Master (CDM)/Service Catalog (SC) policies and procedures for Hawaii Health Systems Corporation (HHSC). Standardizes CDMs/SC across HHSC facilities and develop protocols and processes to ensure consistency. Develop pricing structures for services provided. Serve as advisor for charge master activities in the regions; monitor and maintain the CDM to ensure the coding of new and existing CDMs/SC are within applicable coding guidelines, resolve billing problems related to CDMs/SC, provide coverage guidelines for billable services to hospital departments to prevent claim denials; may supervise lower level staff and perform other duties as required.

Distinguishing Characteristics:

A position in this class is responsible to direct, monitor and assist Chargemaster Coordinators in the regions. Research, comprehend and effectively implement the Medicare, Medicaid and other third party payer coverage guidelines relating to the establishment of the CDMs/SC for accurate billing for services rendered to achieve maximum reimbursement available. Effectively utilize CDM software maintenance tools and other resources to ensure timely updates and implementation of CDM changes.

Examples of Duties:

Plan, direct, coordinate and maintain the CDM program for HHSC, formulate policies and procedures as it relates to CDMs/SC; implement CDM changes in a timely manner; provide guidance and technical assistance to Chargemaster Coordinators and facility personnel with new or revised regulatory coverage guidelines; utilize the CDM maintenance tools/software to audit and validate the accuracy of HHSC CDMs/SC; coordinate and participate in facility CDM/SC reviews and monitor and ensure implementation of recommendations and findings from the CDM review.

Knowledge of: current regulatory coverage guidelines, billing and reimbursement issues from Medicare, Medicaid and other major third party payers; and applicability of the CDM/SC fields in the billing system and the proper use and establishment of those fields.

Ability to: Ensure the CDMs/SC established are valid, up to date for the services provided and billable based on coverage guidelines with the major third party payers; implement HHSC's Charge Master policies and procedures within the region; ability to work effectively with a variety of personnel in a team environment; and prepare clear and concise reports; analyze, evaluate and draw sound conclusions from available information.

This is an amendment to the class specification for the classes, CHARGEMASTER COORDINATOR I – V and CHARGEMASTER MANAGER; to update language, effective April 5, 2013.

This is the first class specification for the classes, CHARGEMASTER COORDINATOR I, II, III & IV.

This is an amendment to the class specification for the classes, CHARGEMASTER COORDINATOR to be re-title to CHARGEMASTER COORDINATOR V and change class code to 2.344. The class code for CHARGEMASTER MANAGER has been changed to 2.345, effective March 23, 2007.

This is the first specification for the classes, CHARGEMASTER COORDINATOR and CHARGEMASTER MANAGER.

DATE APPROVED: April 5, 2013

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