

PART I	HAWAII HEALTH SYSTEMS CORPORATION	2.360
	STATE OF HAWAII	2.361
		2.362
	Class Specifications for the Classes:	2.363

HOSPITAL REVENUE RECOVERY COORDINATOR I, II, III & IV
SR-16; SR-18; SR-20; SR-22
BU:13

HOSPITAL REVENUE RECOVERY COORDINATOR I 2.360

Duties Summary:

Receives training and assists in a trainee capacity in activities pertaining to revenue recovery. Learns the fundamental functions of hospital billing practices, denials management and contract managements rules and regulations; and performs other duties as required.

Distinguishing Characteristics:

This class involves assignments designed to provide experience in revenue recovery activities including understanding the terms of third party payer regulations and contracts regarding claim filing, appeal of denials or variances and correct payment calculations. 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 revenue recovery activities; performs routine tasks for the purpose of gaining knowledge and developing skills in tracking and recovery of revenue in the application of claim denials managements and contract management.

Knowledge and Abilities Required:

Knowledge of: Learn hospital billing practices, managed care contracting interpretation, hospital reimbursement methodologies, and hospital net revenue issues. Learn medical terminology, insurance contracts, payer relations, coding issues and Medicare guidelines. Understand basic principles and practices of accounting.

Ability to: Learn the fundamental functions of revenue recovery activities; gather, assemble, correlate and analyze facts; observe, recognize and distinguish pertinent details; learn and apply pertinent laws, rules and regulations; use tact and sound

judgment; and deal effectively with people.

HOSPITAL REVENUE RECOVERY COORDINATOR II

2.361

Duties Summary:

As an advanced trainee, receives formal and on-the-job training, in work processes, regulations, and other aspects of revenue recovery activities; 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 revenue recovery activities 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 revenue recovery activities; performs a variety of tasks involving research and analysis of claim denials, overpayment/underpayment; assist in maintaining the revenue recovery management database; assist in loading payor contracts into contract management system; may prepare simple financial reports; understand policies, rules, regulations and procedures on processing of revenue recovery activities.

Knowledge and Abilities Required:

Knowledge of: Hospital billing practices, managed care contracting interpretation, hospital reimbursement methodologies, and hospital net revenue issues. Understand medical terminology, insurance contracts, payer relations, coding issues, and Medicare guidelines; basic trends and current developments in general methods and procedures; research and statistics methods and techniques, principles and practices of accounting.

Ability to: Apply revenue recovery activities with policies and procedures; pertinent laws, rules and regulations; gather, correlate, analyze facts and draw general conclusions; recognize and distinguish pertinent details; use tact and sound judgment; and deal effectively with people.

HOSPITAL REVENUE RECOVERY COORDINATOR III

2.362

Duties Summary:

Participates in monitoring, maintaining and coordinating revenue recovery activities; prepares reports of findings, make recommendations; and performs other related duties as assigned.

Distinguishing Characteristics:

This class is the first level of independent worker in this series. The work assignments routinely encompass problems of average difficulty and complexity, requiring the application of technical knowledge, skill and sound judgment in performing revenue recovery activities as well as computer skills and the ability to analyze spreadsheets and reports generated from various departments. Work is reviewed for compliance with general instructions and policies, adequacy and soundness of conclusions.

Examples of Duties:

Coordinates revenue recovery activities; track, research and analyze claim denials, overpayment/underpayment variances; analyze revenue recovery trends and prepares reports relating to these trends; reviews patient's accounts to identify lost charge opportunities; educates various departments as needed to reduce claim denial occurrences; loads payer contract into contract management system for payment validation; develops and prepares financial reports; assist with maintenance, update, and audit of the contract and revenue recovery systems; trains users on analytical tools and systems; interprets policies, rules, regulations and procedures on processing of revenue recovery activities; ensures timely follow-up and compliance; attends and participates in meetings and conferences.

Knowledge of: Working knowledge of hospital billing practices, managed care contracting interpretation, general hospital reimbursement methodologies, and hospital net revenue issues. Working knowledge of insurance contracts, payer relations, coding issues, and Medicare guidelines. General knowledge of accounting, medical terminology and claim denial management. Knowledge of pertinent laws, policies, regulations and procedures regarding reimbursements, billing and collection procedures of third party and private insurance payers.

Ability to: Ability to analyze, problem solve and monitor claims denial trends and statistics; ability to lead staff, to resolve outstanding or ongoing claim denial management issues; work effectively with a variety of personnel in a team environment; prepare clear and concise reports.

HOSPITAL REVENUE RECOVERY COORDINATOR IV

2.363

Duties Summary:

Monitoring, maintaining and coordinating hospital-wide revenue recovery activities including conducting research and analysis of claim denials, overpayments/underpayment variances, and auditing of lost charge opportunities. Developing, analyzing, and producing financial reports for hospital management including financial analysis of managed care contracts and profile services and payment trends.

Distinguishing Characteristics:

Extensive computer skills and exhibit the ability to develop, understand and analyze spreadsheets, various reports, and financial analyses. Understand and keep abreast of third party payer regulations and contracts regarding claim filing, appeal of claim denials or variances and correct payment calculation. Understand and correct inaccurate reimbursement procedures (over or under payment) for third party payer and appeal variances in a timely manner. Document workflow of denial appeals and variances in revenue recovery management database.

Examples of Duties:

Coordinates hospital-wide revenue recovery activities; researches and analyzes claim denials, overpayment/underpayment variances; analyze revenue recovery trends and prepares reports relating to these trends; identifies root causes of frequent denials and develops correction action plans for resolution; maintains revenue recovery management database and monitors for accuracy of information; reviews patient's accounts to identify lost charge opportunities; performs extensive telephone contact to insurance companies to conclude payment on denied claims; educates various departments as needed to reduce denial occurrences; loads payer contract into contract management system for payment validation; performs contract modeling and financial analysis of payer contracts and profiles services; develops and prepares financial reports; assist with maintenance, update, and audit of the contract and revenue recovery systems; trains users on analytical tools and systems; interprets policies, rules, regulations and procedures on processing of revenue recovery activities; ensures timely follow-up and compliance; attends and participates in meetings and conferences.

Knowledge of: Thorough knowledge of hospital billing practices, managed care contracting interpretation, general hospital reimbursement methodologies, and overall hospital net revenue issues. Thorough knowledge of insurance contracts, payer relations, coding issues, and Medicare guidelines. Good working knowledge of accounting, medical terminology, claims denials management. pertinent laws, policies, regulations and procedures regarding reimbursements, billing and collection procedures

of third party and private insurance payers.

Ability to: Ability to analyze, problem solve and monitor claim denial trends and statistics; ability to lead staff and others, to resolve outstanding or ongoing denials management issues; work effectively with a variety of personnel in a team environment; prepare clear and concise reports.

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

DATE APPROVED: October 15, 2010

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