PART I   HAWAII HEALTH SYSTEMS CORPORATION   2.947
                            STATE OF HAWAII   2.948
                                                                 2.949
                                                                 2.950
                         Class Specifications   2.951
                            for the class:

                  REVENUE CYCLE ANALYST II, III, IV, V
                  SENIOR REVENUE CYCLE ANALYST
                  SR-18, SR-20, SR-22, SR-24; SR-26
                            BU:13

                  REVENUE CYCLE ANALYST II   2.947

Duties Summary:

Performs a variety of simple to moderately difficult work assignments in the computer-based workflow processes of revenue cycle areas as it relates to Hawaii Health Systems Corporation's (HHSC) Electronic Medical Records (EMR) system; and performs other related duties as assigned.

Distinguishing Characteristics:

This class performs simple to moderately difficult computer-based workflow processes of revenue cycle areas involving clearly established principles, methods and techniques under specific guidance. Assignments are generally characterized by clear and specific objectives to be reached and are selected to provide training to develop the employee for work of a higher level analyst involving greater familiarity and understanding of HHSC's EMR system.

Supervision is relaxed on simple, routine and/or recurring assignments, but is close and immediate for new assignments and/or those of a more difficult and complex nature. The incumbent receives additional assignments characteristic of a higher level Revenue Cycle Analyst for training purposes as the trainee's skills and abilities increase.

The work performed and the recommendations made are reviewed by a higher level analyst or by the supervisor for thoroughness and accuracy, soundness of analysis and for application of pertinent guidelines, good reasoning and judgment.

Examples of Duties:

Reviews computer-based workflow processes in specific revenue cycle areas to maximize accuracy and efficiency; apply state and federal laws and regulations for Medicare, Medicaid, Contract Payors and commercial insurance for both acute and long

term care facilities and incorporate processes into the EMR financial system; reviews current EMR financial system and workflow processes; assists in developing training programs to enhance staff development and knowledge; reviews ongoing billing and collection performance related to insurance and self pay balances; reviews Centers for Medicare and Medicaid Services (CMS) and State revenue cycle and billing, policies and procedures changes; and assists in developing reports as needed.

Knowledges and Abilities Required:

Knowledge of:

Working knowledge of public and private healthcare programs including billing, credit, collection and account maintenance activities of a healthcare institution; pertinent laws, polices, regulations and procedures regarding reimbursements, billing and collection procedures of third party and private insurance payers; and general financial practices of healthcare providers.

Ability to:

Review, evaluate and make sound recommendations for modifying procedures relating to revenue cycle activities as it relates to the EMR financial system; assist in developing training programs; develop reports as requested; and establish and maintain effective working relationships with others.

REVENUE CYCLE ANALYST III   2.948

Duties Summary:

Performs moderately difficult computer-based workflow processes in a variety of revenue cycle areas as it relates to Hawaii Health Systems Corporation's (HHSC) Electronic Medical Records (EMR) system; and performs other related duties as assigned.

Distinguishing Characteristics:

This is the first level independent worker in the series. Incumbents perform moderately difficult computer-based workflow processes in a variety of revenue cycle areas which are selective and moderately difficult and complex in nature. Work involves the review and interpretation of workflow processes as it relates to HHSC's EMR system.

Supervision received is of a general nature and assignments are given and explained by a higher level analyst who also reviews finished assignments for completeness,

conformity with current policies and procedures. Unusual and/or complex problems are referred to the supervisor or a higher level analyst.

Examples of Duties:

Reviews, evaluates and recommends computer-based workflow processes in specific revenue cycle areas to maximize accuracy and efficiency; apply state and federal laws and regulations for Medicare, Medicaid, Contract Payors and commercial insurance for both acute and long term care facilities and incorporate processes into the EMR financial system; reviews current EMR financial system and recommends workflow processes; assist in developing revenue cycle policies and procedures; assists in developing training programs to enhance staff development and knowledge; reviews ongoing billing and collection performance related to insurance and self pay balances and recommends process improvements in the EMR financial system; reviews Centers for Medicare and Medicaid Services (CMS) and State revenue cycle and billing, policies and procedures changes and recommends best practices for the EMR financial system; and assists in developing reports as needed.

Knowledges and Abilities Required:

Knowledge of:

Good working knowledge of public and private healthcare programs including billing, credit, collection and account maintenance activities of a healthcare institution; pertinent laws, polices, regulations and procedures regarding reimbursements, billing and collection procedures of third party and private insurance payers; and general financial practices of healthcare providers.

Ability to:

Review, evaluate and modify procedures relating to revenue cycle activities as it relates to the EMR financial system; assist in developing policies and procedures; and establish and maintain effective working relationships with others.

REVENUE CYCLE ANALYST IV   2.949

Duties Summary:

Analyze, develop and implement computer-based workflow processes in a variety of revenue cycle areas as it relates to Hawaii Health Systems Corporation's (HHSC) Electronic Medical Records (EMR) system; and performs other related duties as assigned.

Distinguishing Characteristics:

This class has responsibility for independently analyzing, developing and implementing computer-based workflow processes in a variety of revenue cycle areas which include billing, credit, collection and account maintenance procedures to maximize accuracy and efficiency; and recommend changes to processes to incorporate into the EMR financial system.

Examples of Duties:

Analyze, develop and implement computer-based workflow processes in a variety of revenue cycle areas to maximize accuracy and efficiency; apply state and federal laws and regulations for Medicare, Medicaid, Contract Payors and commercial insurance for both acute and long term care facilities and incorporate processes into the EMR financial system; reviews current EMR financial system and recommends workflow processes; assist in developing revenue cycle policies and procedures and incorporate into the EMR financial system; develops and implements training programs to enhance staff development and knowledge; reviews ongoing billing and collection performance related to insurance and self pay balances and recommends process improvements in the EMR financial system; reviews Centers for Medicare and Medicaid Services (CMS) and State revenue cycle and billing, policies and procedures changes and incorporates best practices in implementing into the EMR financial system; and develops reports as needed.

Knowledges and Abilities Required:

Knowledge of:

Public and private healthcare programs including billing, credit, collection and account maintenance activities of a healthcare institution; knowledge of pertinent laws, polices, regulations and procedures regarding reimbursements, billing and collection procedures of third party and private insurance payers; and general financial practices of healthcare providers.

Ability to:

Analyze, implement and modify procedures relating to revenue cycle activities as it relates to the EMR financial system; assist in developing policies and procedures; and establish and maintain effective working relationships with others.

REVENUE CYCLE ANALYST V   2.950

Duties Summary:

Analyze, develop and implement computer-based workflow processes in all revenue cycle areas as it relates to Hawaii Health Systems Corporation's (HHSC) Electronic Medical Records (EMR) system; and performs other related duties as assigned.

Distinguishing Characteristics:

This class has responsibility for independently analyzing, developing and implementing computer-based workflow processes in all revenue cycle areas which include billing, credit, collection and account maintenance procedures to maximize accuracy and efficiency; and recommend changes to processes to incorporate into the EMR financial system.

Examples of Duties:

Analyze, develop and implement computer-based workflow processes in revenue cycle to maximize accuracy and efficiency; apply state and federal laws and regulations for Medicare, Medicaid, Contract Payors and commercial insurance for both acute and long term care facilities and incorporate processes into the EMR financial system; reviews current EMR financial system and recommends workflow processes; assist in developing revenue cycle policies and procedures and incorporate into the EMR financial system; develops and implements training programs to enhance staff development and knowledge; reviews ongoing billing and collection performance related to insurance and self pay balances and recommends process improvements in the EMR financial system; reviews Centers for Medicare and Medicaid Services (CMS) and State revenue cycle and billing, policies and procedures changes and incorporates best practices in implementing into the EMR financial system; and develops reports as needed.

Knowledges and Abilities Required:

Knowledge of:

Public and private healthcare programs including billing, credit, collection and account maintenance activities of a healthcare institution; a comprehensive knowledge of pertinent laws, polices, regulations and procedures regarding reimbursements, billing and collection procedures of third party and private insurance payers; and general financial practices of healthcare providers.

Ability to:

Learn the principles and practices of supervision, analyze, implement and modify procedures relating to revenue cycle activities as it relates to the EMR financial system; develop policies and procedures; and establish and maintain effective working relationships with others.

SENIOR REVENUE CYCLE ANALYST   2.951

Duties Summary:

Oversee, manage, direct and implement computer-based workflow processes in all revenue cycle areas as it relates to Hawaii Health Systems Corporation's (HHSC) Electronic Medical Records (EMR) system; and performs other related duties as assigned.

Distinguishing Characteristics:

This class has responsibility for overseeing, managing, directing, and implement computer- based workflow processes in all revenue cycle areas which include billing, credit, collection and account maintenance procedures to maximize accuracy and efficiency; and recommend changes to processes to incorporate into the EMR financial system.

Examples of Duties:

Analyze, develop, direct and implement computer-based workflow processes in revenue cycle to maximize accuracy and efficiency; apply state and federal laws and regulations for Medicare, Medicaid, Contract Payors and commercial insurance for both acute and long term care facilities and incorporate processes into the EMR financial system; review and analyze EMR financial system and recommend changes to workflow processes; develops and maintains revenue cycle policies and procedures and incorporate into the EMR financial system; develops and directs training programs to enhance staff development and knowledge; keeps abreast of Centers for Medicare and Medicaid Services (CMS) and State revenue cycle and billing, policies and procedures and implements changes into the EMR financial system; actively participates in the problem solving and decision making processes, developing long range program plans, budget and staffing needs; develops reports as needed; attends meetings regularly with internal and external contacts and agencies regarding HHSC's EMR system.

Knowledges and Abilities Required:

Knowledge of:

Principles and practices of supervision; public and private healthcare programs including billing, credit, collection and account maintenance activities of a healthcare institution; a comprehensive knowledge of pertinent laws, polices, regulations and procedures regarding reimbursements, billing and collection procedures of third party and private insurance payers; and general financial practices of healthcare providers.

Ability to:

Plan, organize and direct the work and activities of staff; develop, implement, and modify methods and procedures relating to revenue cycle activities as it relates to the EMR financial system; develop policies and procedures; and establish and maintain effective working relationships with others

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This is the first class specification for the classes, REVENUE CYCLE ANALYST II, II, AND IV, effective May 31, 2013.

This is an amendment to the class specifications for REVENUE CYCLE ANALYST to re-title to REVENUE CYCLE ANALYST V, effective May 31, 2013.

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This is the first class specification for the classes, REVENUE CYCLE ANALYST AND SENIOR REVENUE CYCLE ANALYST, effective December 29, 2011.

DATE APPROVED: May 31, 2013   _____
                                      PAUL TSUKIYAMA
                                      Director of Human Resources