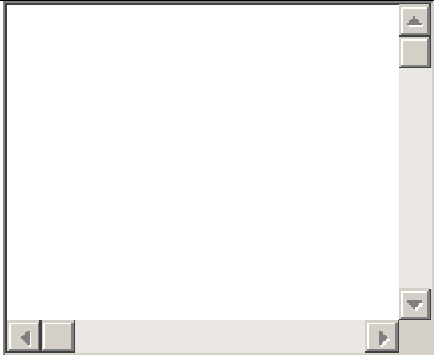


**FULTON COUNTY MEDICAL CENTER
POSITION DESCRIPTION**

POSITION TITLE: Revenue Cycle Operations Director
REPORTS TO: CHIEF FINANCIAL OFFICER
REVISION DATE: January 2008

- I. POSITION SUMMARY:** Manages, directs and coordinates activities of staff engaged in the revenue cycle, including patient access, utilization review, specialty clinic, billing, claim submission, payment receipt and processing, denial management, collections, and charity care. Works with departments to enhance the efficiency of the revenue cycle process, the chargemaster, denials management, and reimbursement issues.
- II. EDUCATION REQUIREMENTS/LICENSURE/CERTIFICATION/REGISTRATION:**
1. College degree preferred. Advanced certification with recognized professional organizations preferred.
 2. 3-5 years experience in hospital billing and reimbursement with at least 2 years supervisory experience. Knowledge of Critical Access Hospitals is desirable.
 3. Well developed written and verbal communication skills necessary. Mathematical and numerical skills necessary, including computer aptitude. Organizational skills required.
- III. CUSTOMER FOCUSED EXPECTATIONS:**
While performing the essential functions of this position, the staff member must strive to keep the mission, vision, and values of the Fulton County Medical Center, and be committed to the improvement and best interests of the facility and the services the Business Department provides.
- IV. TYPICAL PHYSICAL DEMANDS (subject to modification or accommodation as required)**
1. Standing and walking 10-15% of the time and sitting 85-90% of the time.
 2. Occasional lifting and/or moving up to 25 pounds.
 3. Hand/eye coordination, finger dexterity, functional visual ability, and depth perception.
 4. Reach with hands and arms, climb or balance, stoop or kneel.
 5. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
 6. Occasional exposure to outside weather conditions.
 7. General good health as reflected in attendance.
- V. TYPICAL MENTAL DEMANDS (subject to modification or accommodation as required)**
1. Ability to read, analyze, and interpret common scientific and technical journals, financial reports, legal documents, and a variety of instructions.
 2. Ability to respond to common inquiries or complaints from customers, regulatory agencies and members of the community, to manage stressful situations, and to handle conflict.
 3. Ability to effectively present information in a professional manner to top management, public groups, and board of directors.
 4. Ability to work with and apply mathematical concepts to practical situations.
 5. Ability to handle pressure of meeting deadlines, to be accurate, to manage constantly changing situations, and create a positive work environment.
- VI. WORKING CONDITIONS:**
Good working conditions exist at the facility. Position can be highly stressful at times, given the nature of the responsibility and need to work under pressure of multiple priorities and deadlines.
Hours are generally regular with exceptions of special projects and high priority deadlines. Office environment is usually quiet. Exposure to prolonged viewing of a computer terminal, eyestrain and repetitive motions will be experienced.
- VII. EQUIPMENT TO BE USED:**
1. Computer
 2. Telephone System
 3. Printer
 4. Copier
 5. Facsimile Machine
 6. Calculator
 7. Laminator
 8. Overhead Projector
 9. Beeper
- VIII. FACILITY WIDE COMPETENCY REQUIREMENTS (see attached)**
- IX. ESSENTIAL FUNCTIONS (see attached)**
- X. NON-ESSENTIAL FUNCTIONS (see attached)**

	ESSENTIAL FUNCTIONS	D	M	E	Comments
	Directly supervises the Patient Access Supervisor, Utilization Review Manager, Billing Office Supervisor, Financial Advocate and Specialty Clinic Manager, including but not limited to: payroll, scheduling, training, recruitment, counseling, ongoing and annual evaluations and disciplinary action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reviews and analyzes various activity reports for the purpose of monitoring PFS personnel and revenue cycle efficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Benchmarks the ongoing accounts receivable and revenue cycle metrics, and works with staff when key indicators show benchmarks are not being attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Oversees the chargemaster and charge capture process. Recommends pricing levels based upon costs and market comparisons. Identifies, examines, and analyzes patterns of rejections, partial denials, or denials from third party payers and implements changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitors the unbilled accounts, works with HIM director to minimize unbilled accounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Works with department managers to enhance the charging process, to enhance reimbursement, decrease denials. Reviews charges for accuracy and completeness of procedural and diagnostic codes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitors accounts turned over to an outside collection agency in conjunction with Financial Advocate. Oversees progress of self-pay accounts from patient collection to payment plan to financial assistance or collection or write-off.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Consults with clinical department management and initiates changes in revenue cycle procedures with approval. Acts as a resource in the development of accurate charge capture tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitors third-party payor contracts for adherence to payment and contract terms. Analyzes and communicates provider bulletins from payors to affected personnel as needed. Assists with evaluation and negotiation of new agreements as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Accomplishes progress toward short and long term goals as established through probation and strategic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Non Essential Functions:	D	M	E	Comments
	1. Participates in professional development activities: a. In-service classes or on-line courses. b. Shares knowledge with others. c. Reads in-house communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Work Habits: a. Complies with attendance policies. b. Dresses according to the departmental dress code c. Organizes times, sets priorities d. Spends free time in a constructive manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Initiative and judgment: a. Makes necessary work related judgments based upon factual information b. Completes assignments with minimal directions and in a timely manner c. Adapts to a changing work load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D= Does Not Meet Expectations	M= Meets Expectations	E= Exceeds Expectations
-------------------------------	-----------------------	-------------------------

Comments:

Future Plans and Actions:

Employee Comments:

To update our files, please answer the following questions:
 Have you received a higher education degree in past 12 months: Yes___ No___
 Please forward to Human Resources
 Have you received a certification in the past 12 months: Yes___No___
 Please forward to Human Resources

I have reviewed this Performance Evaluation

 Employee Signature

 Date

 Evaluator Signature

 Date

 Department Head or Designee Signature

 Date

6-Month Goals

- Evaluate and implement eligibility verification on a test basis with Medicare, then consider other payors one-by-one
- Become familiar with terms of existing insurance contracts; implement Dairyland proration rules with those based on a percent of charges
- Draft a Request for Proposal for a full chargemaster review and submit to at least 3-4 firms; recommend one to CFO and direct review with selected firm
- Evaluate posting of electronic 835 remittance advice from all payors
- Draft process map for self-pay accounts, whether uninsured or self-pay after insurance, to encompass early identification, collection at point of service, screening for MA or financial assistance and commitment to payment on reasonable terms.
- Work with Financial Advocate and Billing Office Supervisor to evaluate collection firm, make recommendation for retention or replacement based upon factual evaluation of performance
- Become familiar with cost-to-charge ratios from Medicare cost report as first step in implementing rational and equitable pricing policies.