<table>
<thead>
<tr>
<th>Job Title</th>
<th>Entry</th>
<th>Intermediate</th>
<th>Experienced</th>
<th>Advanced</th>
<th>Expert</th>
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<tbody>
<tr>
<td>Reimbursement HC Analyst 1</td>
<td>Entry</td>
<td>Reimbursement HC Analyst 2</td>
<td>Reimbursement HC Analyst 3</td>
<td>Reimbursement HC Analyst 4</td>
<td>Reimbursement HC Analyst 5</td>
</tr>
<tr>
<td>Reimbursement HC Analyst 2</td>
<td>Intermediate</td>
<td>Reimbursement HC Analyst 3</td>
<td>Reimbursement HC Analyst 4</td>
<td>Reimbursement HC Analyst 5</td>
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<tr>
<td>Reimbursement HC Analyst 3</td>
<td>Experienced</td>
<td>Reimbursement HC Analyst 4</td>
<td>Reimbursement HC Analyst 5</td>
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<tr>
<td>Reimbursement HC Analyst 4</td>
<td>Advanced</td>
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**Job Summary**

Involves third-party reimbursement reporting requirements and contractual allowances monitoring. Includes the provision of annual Medicare, Medi-Cal, and state disclosure cost reports, monitors reimbursement regulation changes and estimates the effect on the medical center’s financial position.

**Category**

Finance

**Job Function**

Reimbursement HC

**Custom Scope**

- Working under direct supervision, acquires skills and knowledge necessary to perform basic financial and statistical modeling and compliance reporting; contributes to annual cost reports for Medicare, Medi-Cal, and other third party payers.
- Under general supervision, performs financial and statistical modeling; contributes to annual cost reports for Medicare, Medi-Cal, and other third party payers. Performs complex financial and statistical modeling to produce required annual cost reports for Medicare, Medi-Cal, and other third-party payers. Prepares reports for management to ensure full compliance as well as maximum utilization reimbursement opportunities. Proposes changes to reimbursement policies and procedures.

**Per. Program**

- Entry
- Intermediate
- Experienced
- Advanced
- Expert

- PSS
- Non-Exempt
- Exempt

**Generic Scope**

- Entry-level professional with limited prior experience; learns to use professional concepts to resolve problems of limited scope and complexity; works on assignments that are initially routine in nature, requiring limited judgment and decision making. Employees at this level are expected to acquire the skills and knowledge to perform more advanced work following an agreed upon time in position, through defined training and development planning.
- Under general supervision, applies acquired job skills, policies, and procedures to complete substantive assignments / projects / tasks of moderate scope and complexity; exercises judgment within defined guidelines and practices to determine appropriate action.
- Functions independently with full understanding of healthcare reimbursement to execute the revenue cycle workflow. Completes complex projects and tasks at all levels of scope and complexity.
- Leads projects and / or team members, identifies opportunities to improve effectiveness of revenue capture, and performs analysis at the highest level of scope and complexity.

**Tracking Code**

- A1625
- A1626
- A1627
- A1628
- A1755

**FLSA**

- Non-Exempt
- Exempt

**Key Resp 01**

- Under direct supervision, acquires skills and knowledge necessary to perform basic financial and statistical modeling and compliance reporting; contributes to annual cost reports for Medicare, Medi-Cal, and other third party payers.
- Under general supervision, performs financial and statistical modeling to produce required annual cost reports for Medicare, Medi-Cal, and other third-party payers. Performs complex financial and statistical modeling to produce required reports in compliance with external regulatory requirements and internal policy.

**Perfomance Indicators**

- Proposes changes to reimbursement policies and procedures.
- Develops dashboards and processes for analysis of reimbursement functions. Develops and monitors reimbursement policies and procedures. Performs highly complex financial and statistical modeling to produce required reports in compliance with external regulatory requirements and internal policy.

- Performs complex financial and statistical modeling to produce required annual cost reports for Medicare, Medi-Cal, and other third-party payers. Prepares reports for management to ensure full compliance as well as maximum utilization reimbursement opportunities. Proposes changes to reimbursement policies and procedures.

- Functions independently with full understanding of healthcare reimbursement to execute the revenue cycle workflow. Completes complex projects and tasks at all levels of scope and complexity.

- Leads projects and / or team members, identifies opportunities to improve effectiveness of revenue capture, and performs analysis at the highest level of scope and complexity.

- Under general supervision, applies acquired job skills, policies, and procedures to complete substantive assignments / projects / tasks of moderate scope and complexity; exercises judgment within defined guidelines and practices to determine appropriate action.

- Professional who applies acquired job skills, policies, and procedures to complete substantive assignments / projects / tasks of moderate scope and complexity; exercises judgment within defined guidelines and practices to determine appropriate action.

- Experienced professional who knows how to apply theory and put it into practice with in-depth understanding of the professional field; independently performs the full range of responsibilities within the function; possesses broad job knowledge; analyzes problems / issues of diverse scope and determines solutions.

- Technical leader with a high degree of knowledge in the overall field and recognized expertise in specific areas; problem-solving frequently requires analysis of unique issues / problems without precedent and / or structure. May manage programs that include formulating strategies and administering policies, processes, and resources; functions with a high degree of autonomy.

- Recognized organization-wide expert. Has significant impact and influence on organizational policy and program development. Regularly leads projects of critical importance to the organization; these projects carry substantial consequences of success or failure. Directs programs with organization-wide impact (or may have impact beyond the University) that include formulating strategies and administering policies, processes, and resources. Significant barriers to entry exist at this level.
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<tr>
<td>Key Resp 02</td>
<td>Learns to calculate contractual allowances for third-party payers, as assigned. Works on basic projects of small to medium scope to contribute to the preparation of monthly and yearly estimates of contractual allowances.</td>
<td>Calculates contractual allowances for third-party payers. Works on projects of small to medium scope to contribute to the preparation of monthly and yearly estimates of contractual allowances.</td>
<td>Monitors and calculates contractual allowances for third-party payers. Performs complex modeling and analyses for use in financial reporting and budgeting. Completes pricing review and profitability analysis of third party payers.</td>
<td>Monitors and calculates contractual allowances for third-party payers. Performs advanced modeling and analyses. Delivers comprehensive reports and presentations to leadership, to include proposals and solutions to maximize revenues.</td>
<td>Monitors and calculates contractual allowances for third-party payers. Performs expert modeling and highly complex analyses. Delivers comprehensive reports and presentations to senior leadership, to include proposals and solutions to maximize revenues.</td>
</tr>
<tr>
<td>Key Resp 03</td>
<td>Keeps current with compliance issues and regulatory changes; assists in the analysis of impact on internal processes and financial impact.</td>
<td>Stays abreast of trends and changes in regulations and rates; participates in the analysis of impact on internal process and financial impact. Completes audits and transaction testing to support departmental compliance initiatives.</td>
<td>Monitors and analyzes compliance as well as federal and state regulatory developments, trends, and rate changes. Recommends changes in procedures and operational policies to remain in compliance and maximize reimbursement.</td>
<td>Provides in-depth analysis of changes in federal and state regulatory developments, trends, and rate changes. Develops, recommends and implements changes in in procedures and operational policies to remain in compliance and maximize reimbursement.</td>
<td>Provides highly complex analysis of changes in federal and state regulatory development, trends and rate changes. Establishes changes in procedures and operational policies to remain in compliance and maximize reimbursement.</td>
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<tr>
<td>Key Resp 04</td>
<td>Participates in analyzing financial data in the development of reimbursement estimates and bad debt projections. Reports on accounts receivable, charge capture, and charge lags.</td>
<td>Analyzes financial data of limited scope and complexity in the development of reimbursement estimates and bad debt projections. Participates in analyzing revenue and billing practices.</td>
<td>Works on complex projects at all levels of scope and complexity, to review financial data in the development of reimbursement estimates and bad debt projections. Analyzes medical centers accounts receivable roll forward / hindsight. Prepares budgeted net revenue of a unit for financial forecasting.</td>
<td>Leads large projects across the organization to review and analyze reimbursement trends, problems, and other financial data in the development of reimbursement estimates and bad debt projections. Prepares comprehensive reports for management decision making and review of medical center operations. Participates in budgeting net revenue, verifying the accounts receivable is properly valued, and forecasting.</td>
<td>Regularly leads projects across the organization to review and analyze reimbursement trends, problems, and other financial data in the development of reimbursement estimates and bad debt projections. Prepares executive summaries for executive decision making and review of medical center operations. Responsible for budgeting net revenue and provides senior leadership with financial forecasts and analytics.</td>
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<td>Key Resp 05</td>
<td>Participates in gathering and reviewing reimbursement data in preparation for financial, federal and state audits. Participates in project teams developing appeals of unfavorable audit outcomes.</td>
<td>Gathers and reviews reimbursement data of limited scope and complexity, in preparation for financial, federal and state audits. Participates in project teams developing appeals of unfavorable audit outcomes.</td>
<td>Gathers and reviews reimbursement data of all levels of scope and complexity, in preparation for financial, federal and state audits. Researches adjustments and payments as needed, and prepares for appeals.</td>
<td>Functions as a lead and resource for audit process. Responds to auditor questions and requests. Leads projects to determine appeals and prepare appeal position papers.</td>
<td>Regularly leads, manages, and coordinates external auditors related to medical education entitlement and mental health services. Identifies potential areas of opportunity, risk and efficiency improvement.</td>
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<tr>
<td>Key Resp 06</td>
<td>Assists in enrollment process in federal and state funding programs. Tracks and documents cost savings associated with indigent care and reimbursement.</td>
<td>Prepares and reviews the annual forms to maintain medical center enrollment in federal and state funding programs. Tracks and documents cost savings.</td>
<td>Prepares and reviews the annual forms to maintain medical center enrollment in federal and state funding programs. Prepares applications to expand.</td>
<td>Identifies opportunities which entitles the Medical Center to additional program reimbursement such as increasing percentage of Medical</td>
<td>Collaborates with senior leadership for optimum federal or state reimbursements. Provides alternative strategies for optimum workflow that</td>
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<td>assistance programs.</td>
<td>associated with indigent care and reimbursement assistance programs.</td>
<td>Medical Center reimbursement from federal and state funding programs.</td>
<td>patients, training residents, and maintain certifications to perform transplants.</td>
<td>leads to additional reimbursements.</td>
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**Key Resp 07**
Provides information to finance departments involved in budgeting, accounting, decision support, and contracting as requested.
Coordinates with clinical departments in capturing revenue and resolving charging interface issues. Interacts with hospital staff, patients, and payers both proactively and retrospectively. Supports finance departments, providing requested information.
Liaison with finance departments and clinical departments regarding communicating and clarifying all aspects of the revenue capture process, reimbursement, third party funding issues, and analysis of financial outcomes.
Liaison with finance departments and clinical departments regarding resolving high impact revenue capture issues. Develops new processes and educates management across finance departments.

**Key Resp 08**

**Key Resp 09**

**Key Resp 10**

**Key Resp 11**

**Key Resp 12**

**Key Resp 13**

**Key Resp 14**

**Key Resp 15**

**Education 1**
Bachelor's degree in related area and / or equivalent experience / training.

**Education 2**

**Education 3**

**Education 4**

**License 1**

**License 2**

**License 3**

**License 4**

**Cert 1**

**Cert 2**

**Cert 3**

**Cert 4**

**Spec Cond 1**

**Spec Cond 2**

*Job Family: Finance*  
*Job Function: Reimbursement HC*  
*Category: Professional*  
*Last Revised: 20 December 2017*
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**KSA 01**  
**Acquiring knowledge and skills in charge capture, charge review, charge reconciliation, and charge router error correction.**  
Knowledge of charge capture, charge review, charge reconciliation, and charge router error correction concepts to perform revenue capturing functions efficiently and effectively.  
Demonstrated knowledge of healthcare reimbursement revenue cycle workflow, financial reporting, net revenue analysis and budgeting to effectively and independently capture revenue.  
Maintains advanced knowledge in healthcare reimbursement revenue cycle workflow, financial reporting concepts and industry best practices. Proven ability to apply knowledge and skills to identify improvements.  
Expert and specialized knowledge in healthcare reimbursement revenue cycle workflow, financial reporting concepts and industry best practices. Proven ability to apply knowledge and skills to identify improvements.

**KSA 02**  
**Basic knowledge of relevant department, medical center, and UC policies and of Medicare, Medi-Cal, and third party payer regulations. Ability to follow processes to maintain compliance.**  
Knowledge of relevant department, medical center, and UC policies and of Medicare, Medi-Cal, and third party payer regulations. Proven ability to follow processes to maintain compliance.  
Strong knowledge of relevant department, medical center, and UC policies and of Medicare, Medi-Cal, and third party payer regulations to identify potential compliance risks, clinical and operational implications.  
Comprehensive knowledge of relevant department, medical center, and UC policies and processes. In-depth knowledge of relevant Medicare, Medi-Cal, and third party payer regulations. Ability to apply policy knowledge to proactively identify potential risk areas.  
Extensive knowledge of relevant department, medical center, and UC policies and processes. Expert understanding of relevant Medicare, Medi-Cal, and third party payer regulations. Ability to apply policy knowledge to proactively identify potential risk areas.

**KSA 03**  
**Skills in data management and analysis.**  
Skills in data management and analysis.  
Strong skills in data management and analysis.  
Advanced skills in data management and analysis.  
Expert skills in data management and analysis.

**KSA 04**  
**Ability to effectively manage time and see assigned parts of projects through from inception to completion on schedule.**  
Ability to manage multiple assignments through prioritizing tasks and managing time.  
Ability to manage a project through from inception to completion on schedule while performing a wide variety of tasks, adapting to changing priorities, deadlines and directions.  
Project management skills to lead a team, prioritize personal and team tasks and see projects through from inception to completion. Demonstrates adaptability and flexibility to effectively handle change.  
Expert project management skills to lead a team prioritize personal and team tasks and see projects through from inception to completion on schedule. Demonstrates adaptability and flexibility to effectively handle change.

**KSA 05**  
**Financial analysis, research, and reporting skills.**  
Financial analysis and research skills to report accounts receivable, revenue and billing practices, incidents and outcomes.  
Thorough knowledge of financial analysis, research, and reporting, particularly as it applies to reimbursement in healthcare settings.  
Advanced knowledge of financial analysis, research, and reporting, particularly as it applies to reimbursement in healthcare settings.  
Expert knowledge of financial analysis, research, and reporting, particularly as it applies to reimbursement in healthcare settings.

**KSA 06**  
**Interpersonal skills to work effectively in a team environment with internal staff in a wide variety of business and clinical areas.**  
Demonstrated interpersonal skills to work effectively in a team environment with internal staff in a wide variety of business and clinical areas.  
Strong interpersonal skills, with the ability to collaborate effectively on complex projects in a team environment with staff from a wide variety of business and clinical areas.  
Advanced interpersonal skills, with the ability to collaborate effectively on highly-complex projects in a team environment with a wide variety of business and clinical areas.  
Highly sophisticated interpersonal skills, with the ability to collaborate effectively on highly-complex projects in a team environment with a wide variety of business and clinical areas.

**KSA 07**  
**Communications skills, with the ability to interpret and present clinical financial information clearly and concisely.**  
Demonstrated communications skills, with the ability to interpret and convey complex clinical financial information in a clear, concise manner. Ability to  
Strong communications skills, with the ability to interpret and convey complex clinical financial information in a clear, concise manner. Ability to  
Advanced communications skills, with the ability to interpret and convey complex clinical financial information in a clear, concise manner. Ability to  
Expert communications skills, with the ability to interpret and convey complex clinical financial information in a clear, concise manner. Ability to
**Job Family**  
Finance

**Job Summary**  
Involves third-party reimbursement reporting requirements and contractual allowances monitoring. Includes the provision of annual Medicare, Medi-Cal, and state disclosure cost reports, monitors reimbursement regulation changes and estimates the effect on the medical center's financial position.

**Job Function**  
Reimbursement HC

**Category**  
Professional

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<td></td>
<td></td>
<td>summarize and present reports and presentations</td>
<td>compelling and informative reports and presentations.</td>
<td>prepare compelling and informative reports and presentations to all levels of staff and management.</td>
<td>compelling and informative reports and presentations to all levels of staff and management.</td>
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KSA 08  
Proficient in commonly applicable functions in word processing and spreadsheet software. Acquiring skills to use Reimbursement Healthcare application programs.

Ability to perform all commonly applicable functions in word processing and spreadsheet software. Ability to effectively use organization’s Reimbursement Healthcare application programs.

Ability to perform all commonly applicable functions in word processing and spreadsheet software. Comprehensive knowledge of organization’s Reimbursement Healthcare application programs to teach others.

Ability to perform all commonly applicable functions in word processing and spreadsheet software. Advanced knowledge of organization’s Reimbursement Healthcare application programs to troubleshoot issues and recommend improvements in convenience and efficiency.

Ability to perform all commonly applicable functions in word processing and spreadsheet software. Expert knowledge of organization’s Reimbursement Healthcare application programs to troubleshoot issues and recommend improvements in convenience and efficiency.

KSA 09
KSA 10
KSA 11
KSA 12
KSA 13
KSA 14
KSA 15

Environment  
Office settings and various external venues.

Office settings and various external venues.

Office settings and various external venues.

Office settings and various external venues.

Office settings and various external venues.

Office settings and various external venues.

Career Path 1  
Reimbursement HC Analyst 2  
Reimbursement HC Analyst 3  
Reimbursement HC Analyst 4  
Reimbursement HC Supervisor 2  
Reimbursement HC Manager 1

Career Path 2  
Reimbursement HC Analyst 2  
Reimbursement HC Supervisor 2  
Reimbursement HC Manager 1

Career Path 3
Career Path 4
Career Path 5
Career Path 6

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