

JOB DESCRIPTION

JOB TITLE: Manager, Hospital Finance and Analysis

JOB SUMMARY:

This position requires an individual who has experience working in hospital and health system financial settings, and knowledge of financial management and accounting, revenue cycle, reimbursement, and cost reporting. The Manager, Hospital Finance and Analysis collects and aggregates data and uses that data to design, produce, and distribute reports and analytical studies that examine the impact of policy changes, health reform issues, and potential resolution to help determine a course of action. This position reports to the Director, Healthcare Reimbursement and Financing.

This position requires an individual with a hands-on, detailed, practical approach to financial issues, willing to roll up their sleeves to develop financial models and validate financial analyses. This individual must research member questions, and deal effectively with a broad range of issues including wage index, occupational mix, Medicare Cost Reports, Medicare prospective payment systems' (inpatient, outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, etc.) Medicaid state plan amendments and rate appeals, hospital taxation, etc.

The Manager must be well organized and able to bring projects to completion independently and on time. Effective interpersonal, verbal, and written communication skills are essential. Success will depend on building relationships with member hospitals and engaging with them regularly, one-on-one, as a member of an internal team, and in committee meetings.

DESCRIPTION OF DUTIES:

1. Monitor the quarterly financial performance of member hospitals and health systems. This includes coordinating requests, compiling submitted financial data, and applying basic accounting principles to monitor and review data for accuracy and completeness. Additionally, perform reconciliation against the hospital audited financial statements; identify and resolve discrepancies.
2. Support the Director in responding to membership on a broad range of policy issues, including state and federal financial reporting, reimbursement methodologies, revenue cycle processes, contract management, medical billing, coding, claims processing, claims auditing, and compliance.
3. Assist in analysis of state and federal regulations related to hospital finance and the revenue cycle. Create routine and ad-hoc communications that provide updates to internal staff and members about state or federal reimbursement program changes and revenue cycle impact.
4. Support the Director in providing guidance and day-to-day assistance to member hospitals/health systems on coding/billing, reimbursement, rate appeal, financial reporting, government and third party audits, managed care, and compliance issues.
5. Monitor regulatory and insurance practices that would negatively affect hospital reimbursement; e.g., practices that exclude or limit coverage when a hospital is the site of service, facility fee/surprise billing issues, uncompensated care calculation, etc.
6. Respond to needs for financial information and analysis needed for annual Legislative Session; work closely with the Director and other CHA staff in analyzing advocacy strategy and initiatives.

7. Assist with researching and analyzing proposals for potential healthcare policy changes; interpret the potential impact of various health reform issues on members; e.g., reimbursement proposals to integrate quality measures such as value based purchasing, horizontal/vertical integration of health systems, transparency and accountability, hospital/health system taxation, etc.
8. Aid in the collection and maintenance of data in a central repository for ease of access, aggregation, and analysis for legislative proposals and advocacy strategies.
9. Serve as staff consultant to CHA member Meeting Groups e.g., Patient Account Managers, Payer Audit Representatives, and the Reimbursement Representatives. Build relationships with those in attendance, develop agendas, organize, and facilitate the meetings.
10. Support Director on initiatives related to the CHA Board Committees. Communicate with CHA staff to keep them informed on issues/questions that affect CHA strategies and initiatives.

QUALIFICATIONS:

- Bachelors degree in Accounting, Finance, or other relevant discipline.
- 5-7 years of financial/business analysis experience in healthcare, including direct finance or accounting experience in a hospital or health system.
- Experience in developing and implementing financial models related to utilization, third-party payers, and financing. Working knowledge of federal and state financial and reimbursement policy issues including Medicare and Medicaid reimbursement policies and Medicare Cost Reporting. Experience in budgeting, revenue cycle (all aspects), government and commercial payer arrangements, audit protocols, and regulatory requirements.
- Exceptional attention to detail, critical thinking skills, intellectual curiosity, and the desire to be hands-on in addressing financial issues and questions.
- Strong written and oral communication skills are essential, along with the ability to work in a highly interactive, iterative, collaborative work environment, where member responsiveness is paramount.
- Approachable and willing to engage with diverse personalities and stakeholders.
- Experience with data and database management to develop ad-hoc and planned analytical reports and advocacy materials. Working knowledge of Excel modeling and/or SQL or similar is required.
- Driven to analytic innovation, focusing on relevant translation and communication of accurate and useful data results.

EOE

MA/MS: alp 12/2023