

UW HEALTH JOB DESCRIPTION

Revenue Integrity Analyst

Job Code: 440002

FLSA Status: Exempt

Mgt. Approval: G. Murphy **Date:** 4.2016

HR Approval: KBH **Date:** 4.2016

JOB SUMMARY

The Revenue Integrity Analyst ensures accurate and timely payments from third party payers in compliance with Managed Care contracts and government fee schedules. They review trends in third party payments, compare actual payments to managed care contract reimbursement schedules and government payer fee schedules. The Revenue Integrity Analyst will prepare relevant reports for management review.

They will analyze third party denials and prepare relevant reports regarding trends in denials. They will determine root causes of denials and work with the appropriate departments to establish processes to ensure prevention of the denials.

The Revenue Integrity Analyst will develop, produce, validate and distribute standard management and ad-hoc reports as requested by end-users including but not limited to: UW Health Revenue Cycle Administration, Department Administrators, Coding Coordinators, UW Health Managed Care Contracting.

This position will obtain, manipulate and analyze data from a variety of sources including but not limited to: physician billing systems, hospital billing systems, external contract management systems, and external claims systems.

MAJOR RESPONSIBILITIES

- 1. Core Responsibilities:** Incumbent performs job demonstrating technical ability, understanding of job expectations and compliance with organization policies and procedures
 - Work closely with Managed Care Contracting to ensure accurate set up of contract terms in HealthLink, Experian and/or Cirius
 - Review reimbursement and variance reports from HealthLink, Experian and/or Cirius to identify and trend discrepancies in allowed amounts
 - Assist in preparation of reports to share with payers when discrepancies in reimbursement are uncovered
 - Review and analysis of reports created in HealthLink, Experian and/or Cirius to ensures timely receipt of payments from managed care contracted partners per terms of contracts
 - Create, prepare and distribute loss of discount reports to be shared with contracted payers for timely payment enforcement
 - Establish audit trails for investigation of adjustments, refunds, write-offs and collection efforts by internal and external audit firms
 - Preparation of Payer Scorecards to share with Managed Care Contract partners for use during contract renegotiations
 - Develop and maintain denial reports from HealthLink, LaunchPad and/or QlikView to use for root cause analysis. Identify the source of the denials.
 - Prepare reports or presentations to share the results of denial analysis with affected areas
 - Research, identify and analyze the impact of potential process changes after completion of root cause analysis of denials.
 - Prepare and distribute monthly adjustment reports to Clinical areas for continued education
 - Prepare and distribute monthly denials reports to specific Clinical areas for follow up
 - Monitor, analyze and distribute Health Link graph packages
 - Perform other duties as assigned.

ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.

JOB REQUIREMENTS

Education	Minimum	Bachelor's degree from an accredited college in a relevant subject such as business or healthcare. (equivalent and relevant combination of education and experience may be considered in lieu of Bachelor's degree)
	Preferred	
Work Experience	Minimum	Three years' experience in a health care business setting

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	Preferred	Five years of progressively responsible work experience in a medical group practice or hospital business office for a large, complex health care environment including experience in an academic medical center.
Licenses & Certifications	Minimum	
	Preferred	
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> Ability to learn computer and application skills as applicable to role Experian; Cirius; HealthLink (Epic) ; Excel; LaunchPad; QlikView Extensive knowledge of managed care contract reimbursement terms for enterprise Experience with computer systems, spreadsheets and database applications, data flow, report creation and interpretation Ability to interact with and work around people Ability to make judgments in demanding situations Ability to react to frequent changes in duties and volume of work Effective communication skills Ability to listen empathetically Ability to logically organize details Comfortable accepting responsibility for medium to large scale projects involving multiple resources and spanning many months from start to finish Ability to manage multiple concurrent activities 	

AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

	Infants (Birth – 11 months)	<input checked="" type="checkbox"/>	Adolescent (13 – 19 years)
	Toddlers (1 – 3 years)	<input checked="" type="checkbox"/>	Young Adult (20 – 40 years)
	Preschool (4 – 5 years)	<input checked="" type="checkbox"/>	Middle Adult (41 – 65 years)
	School Age (6 – 12 years)	<input checked="" type="checkbox"/>	Older Adult (Over 65 years)

JOB FUNCTION

Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.

PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. *Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.*

Physical Demand Level		Occasional Up to 33% of the time	Frequent 34%-66% of the time	Constant 67%-100% of the time
<input checked="" type="checkbox"/>	Sedentary: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	Up to 10#	Negligible	Negligible
	Light: Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.	Up to 20#	Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	Negligible or constant push/pull of items of negligible weight
	Medium: Ability to lift up to 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.	20-50#	10-25#	Negligible-10#
	Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	50-100#	25-50#	10-20#
	Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	Over 100#	Over 50#	Over 20#
List any other physical requirements or bona fide				

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occupational qualifications:	
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Work/Environmental: Moderate noise level consistent with an office environment