



Job Code: 1291

Grade: 23

HCWR: N

Job Title

Senior Manager of Pre-Registration and Financial Clearance

Department

Pre-Patient Access

This position is exempt from Career Service under the CCH Personnel Rules.

Job Summary

The Senior Manager of Pre-Registration and Financial Clearance (Senior Manager) is responsible for managing and overseeing processes in the pre-registration and patient financial clearance department across Cook County Health (CCH). This position will ensure optimal use of all resources to achieve departmental goals for productivity and other performance indicators for applicable financial results determining workflow priorities and effective methodologies to complete tasks. The Senior Manager will impact denials from third party payers through complete and accurate demographic, insurance verification update and financial clearance.

General Administrative Responsibilities

Collective Bargaining

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meetings

Discipline

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

- Direct and effectuate CCH management policies and practices
- Access and proficiently navigate CCH records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

Typical Duties

- Directs, leads, and manages the Pre-registration and Financial Clearance Department functions to ensure they are performed efficiently throughout the revenue cycle enterprise, which includes maintaining an adequately trained staff to handle all patients in outpatient clinic settings and same day surgeries. Financial Clearance functions include but are not limited to, insurance and benefit verification, regulatory requirements, health plan requirements, and insurance verification. Pre-Registration functions include verification in a manner that ensure patients are processed appropriately according to the most current policies and procedures/
- Oversees the referral process to Financial Counseling to identify conversion opportunity for uninsured or under-insured population.
- Ensures proper financial communication during pre-registration process that includes creating a patient liability estimate and collection of patient liability.
- Provides appropriate training, guidance, continuing education, and overall job competencies of direct reports.
- Establishes, maintains, and manages productivity and quality standards. Maintains, develops, and implements operating policies and procedures pertinent to areas of responsibility.
- Remains informed of all government, managed care/commercial and industry trends that impact revenue cycle operations Assists department director with assessments of internal controls, policies, and procedures to ensure compliance with appropriate federal, state, and regulatory entity guidelines and procedures.
- Utilizes departmental protocol and methodologies to monitors quality by performing audits of outputs and ensuring all associated processes are followed consistently.
- Manages ongoing analysis, development, quality improvement and implementation of methods and systems to improve efficiency and effectiveness of pre-service financial clearance functions to the organization.
- Serves as a project manager/change management leader and supports as requested.
- Communicates effectively and in cooperation with management/departments within CCH and with outside agencies.
- Provides weekly key performance indicators (KPI) outcomes reports to Revenue Cycle leadership on status of processes and pre-service functions and responsibilities.
- Participates in leadership meetings and projects to advocate positions that will help the



Typical Duties

Department and is in the best interest of the organization.

- Troubleshoots current and anticipate potential problems and resolve them by involving appropriate departments and personnel when needed and have the expertise to know when to involve others.
- Uses denials data to proactively re-engineer processes to avoid insurance eligibility denials.
- Performs other duties as assigned.

Minimum Qualifications

- Bachelor's degree of higher from accredited college or university.
- Five (5) years of pre-registration experience in a health care setting with three (3) years of experience managing staff
- Two (2) years of experience and proficiency utilizing pre-registration systems, i.e., premier eligibility and onsource

Preferred Qualifications

- Bachelor's degree or higher in Business Administration, Organizational Development, Finance, Accounting, or Health Care Administration from an accredited college or university
- Five (5) years of management experience in healthcare revenue cycle operations for a large, complex health care environment, including experience in an academic medical center

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge of Medicare and third-party payer reimbursement
- Extensive knowledge in managed care requirements as they relate to hospital reimbursement
- Excellent interpersonal, verbal and written communication skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Excellent organizational skills
- Detail oriented, with a data driven attitude
- Strong decision making and self-motivation skills
- Ability to work in a team environment and to collaborate with a variety of professionals.
- Ability to maintain and convey a positive attitude and customer service approach to program development
- Ability to multitask and problem solve

Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.



The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, “Typical Duties” are essential job functions.