



Job Code: 8100
Grade: 24
HCWR: N

Job Title
Chief Revenue Officer, CCH

Department
Finance

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

Job Summary

The Chief Revenue Officer, CCH will be responsible for providing strategic direction, planning and development of Revenue Cycle Management to maximize revenue received by Cook County Health (CCH). The position will focus on enhancing and maintaining revenue cycle functions through a cross organizational and cross department approach clinical and operational leadership. The position will design a system to support the patient's financial interface across the continuum of care, using best practices of cash collection and posting, registration, insurance verification, coding, billing, and management of reimbursement errors with the goal of optimizing reimbursement principles.

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

- Leads and manages the end-to-end revenue cycle management functions throughout CCH providing strategic direction in the development of initiatives with the goal of maximizing performance and optimizing reimbursement.
- Provides direction and guidance to revenue cycle leadership to support administrative alignment of staff, address areas of improvement, and action plans to improve the patient revenue cycle experience.
- Develops a revenue cycle strategic plan outlining short and long-term goals with the intent to monitor performance to plan.
- Identifies, develops, and implements enhanced automation to drive revenue cycle efficiencies.
- Manages budgets and cost to ensure all internal controls are in place within all revenue cycle functions.
- Assists with financial statement close, internal/external audits activities, regulatory filings, budgeting/forecasting.
- Tracks, monitors, and communicates revenue cycle performance.
- Develops and Implements denial reduction management strategies.
- Provides periodic reports to senior leadership on selected aspects of revenue cycle, impact of process changes and opportunities to reduce cost or denials.
- Maintains and complies with regulatory requirements.
- Serves as a subject matter expert. Provides reports to clinical leadership on achievements and opportunities in the areas of documentation, charge capture and compliance with regulatory requirements. Works collaboratively with all staffing levels to identify solutions.
- Understands and maintains current with changes in reimbursement that may have an impact on revenues received and provides recommendations on strategy.
- Monitors performance of approved managed care and third-party contracts.
- Facilitates reporting for leadership that shows how the system is maximizing revenue while adhering to all regulatory requirements.
- Ensures coding and billing practices meet or exceed industry standards.
- Builds relationships with key stakeholders including payors and vendor partners.
- Attend and participates in meeting, discussions, committees, and/or work groups leadership, medical staff, and/or stakeholders regarding services or activities to enhance CCH revenue



Typical Duties

outcomes.

- Performs other duties as assigned

Reporting Relationship

Reports to the Chief Financial Officer, CCH

Minimum Qualifications

- Bachelor's degree in business administration, health administration or finance from an accredited college or university
- Five (5) years of experience in financial management or administration for an integrated health system
- Three (3) years of experience with Revenue Cycle Management
- Three (3) years of experience with third party billing related activities for Medicaid, Medicare and Commercial Managed Care contracts
- Three (3) years of supervisory and/or managerial experience
- Prior experience in a safety net or teaching hospital
- Intermediate proficiency in Microsoft Office

Preferred Qualifications

- Master's degree in Business or related field from an accredited college or university
- Project management experience
- Electronic Medical Record experience, such as CERNER or EPIC
- Experience in Program or service implementation and performance improvement

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge of third-party billing related activities for Medicaid, Medicare, and Commercial Managed Care contracts
- Knowledge of Healthcare and Family Services (HFS) regulations
- Excellent verbal and written communication skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Demonstrate attention to detail, accuracy and precision
- Demonstrate analytical and organizational, problem-solving, critical thinking and conflict management/resolution skills
- Ability to explain complex concepts to a diverse audience
- Ability to support staff during periods of change and/or workflow
- Ability to translate conceptual (e.g. new HFS regulation) into action plan for area of responsibility
- Ability to organize priorities and workflows to meet deadlines and project targets.



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.