



**Job Code:** 9569

**Grade:** 24

**HCWR:** N

**Job Title**

Senior Manager of Financial Assistance

**Department**

Finance/Revenue Cycle

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

**Job Summary**

The Senior Manager of Financial Assistance is responsible for the administration and management of all patient's financial assistance programs, including CareLink, in an efficient, appropriate manner for the patients of Cook County Health (CCH). Facilitates the administration of the program in accordance with managed care best practices while working with CCH departments that support program components such as eligibility screening, outreach for potential care coordination enrollment or primary care physician linkages. Provides operational expertise and interfaces effectively with community-based organizations and county commissions.

**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**

- Manages the day-to-day activity of the patient financial assistance programs which includes responding to inquiries, educating staff, collaborating with stakeholders, preparing reports, and attending meetings
- Develops workflows and job aids, i.e. resource list, telephone list, process criteria, policy related information
- Collaborates and communications with other departments on related projects and inter-departmental operations issues
- Documents workflows and policy and procedures
- Reviews public health data analyzing state-wide trends and health information from public and private sources to arrive at a description of the population from the perspective of size; age and sex; disease burden; utilization patterns, preventive service use and medication experience
- Completes operational and financial analysis for review
- Collaborates with all stakeholders to identify opportunities to improve quality and control cost. Creates a plan and measures the impact of the agreed upon interventions
- Provides training and job aids for staff who are supporting the patient financial assistances programs
- Develops processes and protocols to develop core competencies of an effective organization managing care utilized by financial assistance program members such as understanding and mitigating risk, member outreach, care coordination, financial and utilization review, and network management
- Leverages CCH technology and to best serve patients, i.e. portal access, e-Consult, etc.
- Prepares and submits management and regulatory reports including dashboard for senior leadership, as required
- Performs other duties as needed

### **Minimum Qualifications**

- High School Diploma or GED equivalent with seven (7) years' of experience with Medicare, Medicaid, and/or Commercial insurance products OR Associates degree from an accredited college or university with five (5) of experience with Medicare, Medicaid, and/or Commercial insurance products OR Bachelor's degree from an accredited college or university with three (3) years of experience with Medicare, Medicaid, and/or Commercial insurance products



### **Minimum Qualifications**

- Two (2) years of work experience interfacing with diverse stakeholders, i.e., community advocates, physicians, and community members
- One (1) year work experience in analyzing financial and administrative data
- Intermediate knowledge of Microsoft (Word, Excel, Access, PowerPoint, Outlook)
- CH

### **Preferred Qualifications**

- Bachelor's degree in Business, Healthcare Administration, or Public Health from an accredited college or university
- Bilingual
- Experience and advanced knowledge of contractual, administrative, health insurance and operational issues related to managed care organizations, physician groups, hospitals, and health insurance benefit plan designs
- Previous experience with databases and contract modeling

### **Knowledge, Skills, Abilities and Other Characteristics**

- Knowledge of the Illinois Managed Care Model including IPA's, Medical Groups, MSO's, Health Systems and Health Plans, DOFR, Medicare and Commercial Fee Schedules.
- Knowledge and understanding of contracting including financial analysis, credentialing, legal review, implementation, preferred, CAP, Value-base and utilization data.
- Knowledge of network management including grievance resolution, authorizations and resolving complex member-level issues.
- Excellent communication, presentation, and negotiation skills.
- Ability to work with and influence others including customer service, revenue cycle, staff, and key strategic partners.
- Ability to plan, design, development, implementation and evaluate policies and procedures. - Ability to prioritize work and ensure all compliance elements are met, aligns program operations to governmental sponsored programs.
- Ability to maintain confidentiality of all patient information, as per HIPAA guidelines.
- Ability to maintain or exceeds all standards, as per the approved Plan accreditation bodies.
- Ability to maintain a full comprehensive understanding of the covered benefits, coding and reimbursement policies and contracts.
- Ability to develop a network that supports program objectives.
- Ability to work collaboratively to achieve project goals.

### **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.**