



STATE OF NEVADA
Department of Administration
Division of Human Resource Management

CLASS SPECIFICATION

<u>TITLE</u>	<u>GRADE</u>	<u>EEO-4</u>	<u>CODE</u>
RATES & COST CONTAINMENT MANAGER	41	B	7.709

Under administrative direction, the Rates & Cost Containment Manager is responsible for the analysis, calculation, development, evaluation, implementation and management of programs associated with reimbursement rates for medical services and cost containment within the Department of Health and Human Services. Incumbents in this series either serve as the manager of the Rates & Cost Containment Unit in the Division of Health Care Financing and Policy or are responsible for the division-wide business management of a medical practice including billing, fiscal, clinical and medical records components for a division with multiple hospitals and outpatient clinics.

Programs administered may include, but are not limited to, reimbursement rates for all classifications of medical providers enrolled in Medicaid and Nevada Check Up, supplemental payment, cost containment reporting for institutional facilities, nursing facility provider tax, provider cost analysis and reporting; division-wide health care cost containment and efficiency programs to include service delivery cost analysis, cost reporting and contracts for services and/or revenue from health care plan organizations and other various sources.

Develop and document policies, procedures and processes, ensuring compliance with laws, regulations and the Medicaid State Plan; promulgate regulations under Nevada Administrative Code; establish and monitor agreements with recipients of payments and/or political subdivisions of the State relating to legal relationships, mutual obligations, payments and intergovernmental transfers; calculate and account for all funds associated with assigned programs and/or payers of health care plan organizations.

Plan, develop and monitor the multifaceted programs and business operations within the unit which may include responsibility for managing the division's medical claims reimbursement rate setting program using approved methodologies, cost containment program, supplemental programs, provider tax program, decision analytics business operation program, cost allocation program related to setting interim rates and cost settlements; and billing program related to identifying billable services and tracking, monitoring and collecting monies for services rendered.

Forecast revenues and expenditures from and/or for various sources and/or medical services based on a broad range of demographic, economic and financial data; may develop and revise budgets for multiple major programs and/or services; calculate reimbursement rate setting for medical claims for Nevada Medicaid and/or Nevada Check Up; may reconcile costs and calculate disbursement of supplemental payments for Federally Qualified Health Care Centers.

Negotiate and manage contracts with service providers and/or service payers; may levy fines and negotiate fine payments; may evaluate the equity, reasonableness and value of various payment distribution and claims reimbursement methodologies.

Establish performance indicators and goals and objectives; develop policies and procedures and support systems to maximize financial participation; organize, develop and implement quality assurance procedures to ensure compliance with State and federal laws and regulations.

Manage the collection, levy revision, accounting and disbursement of taxes, fees and/or revenue for assigned programs and/or services; may calculate and collect Health Cost Containment Fees.

SERIES CONCEPT (cont'd)

Oversee the development, continued improvement and operation of the transparency website as required by statute; provide citizens of the State with information to assist in making informed health care decisions and increase public awareness concerning hospitals, surgical centers and other health facilities in the State.

Forecast, calculate, disburse, invoice and reconcile annual supplemental payments to institutional medical providers and Intergovernmental Transfer revenues; manage all aspects of cost analysis and reporting activities as related to certified public expenditures, statutorily required provider audits and cost-related aspects of rate policy development, cost-based rate setting and cost settlements.

Oversee and prepare rate-related budget concept papers for the division's budget; determine fiscal and budget impacts of rate and policy changes; perform complex financial, economic, statistical and public policy analyses in support of the rates and cost containment or billing unit.

Prepare bill drafts and testify before the legislature as required.

Train, supervise and evaluate the performance of subordinate supervisors, professional and support staff; prepare work performance standards; evaluate the need for, and provide staff development opportunities to optimize work unit efficiency; counsel and discipline employees as needed and in accordance with established policies, procedures and regulations.

Perform related duties as assigned.

INFORMATIONAL NOTE:

- * Positions in this series may require division specific education and/or experience which will be identified at the time of recruitment.

MINIMUM QUALIFICATIONS

EDUCATION AND EXPERIENCE: Bachelor's degree from an accredited college or university in business or public administration, finance, accounting, economics, health care financing, health care or hospital administration, or related field and five years of relevant professional experience which included medical insurance claims adjudication or medical insurance claims auditing; health care administration; financial, revenue and expenditure forecasting for medical or social services; setting reimbursement rates for medical services; or establishing tax rates and fee collection methods for medical providers or insurers according to State and/or federal guidelines. Two of the five years of experience must have included supervision of professional staff; **OR** graduation from high school or equivalent education and seven years of relevant professional experience as described above. Two of the seven years of experience must have included supervision of professional staff; **OR** an equivalent combination of education and experience.

ENTRY LEVEL KNOWLEDGE, SKILLS, AND ABILITIES (required at time of application):

Detailed knowledge of: methods and procedures of efficient program administration; programmatic and operational aspects of related programs at the local, regional and national levels; forecasting and budget development; federal funding sources; contract management; legislation and regulation analysis and development. **Working knowledge of:** fiscal analysis and forecasting techniques; economic trends and their implications in the development of research models for forecasting tax revenue, cost containment and/or social services programs; establishing reimbursement and clinical or taxation/fee assessment methodologies; financial, accounting and auditing principles and practices; cost and rate development; effective management practices, resource allocation and personnel administration; change management. **Ability to:** comprehend, modify and

MINIMUM QUALIFICATIONS (cont'd)

apply new techniques contained in current statistics literature to research health care policy issues; perform analysis of health care issues and developments; prepare and present research reports based on analysis of statistical evidence; explain statistical concepts to others; develop long range plans to achieve agency goals and federal and legislative mandates; conduct research, analyze data, draw conclusions and develop solutions and recommendations; communicate effectively in writing sufficiently to prepare comprehensive reports, proposals, recommendations and bill drafts; design, develop and implement programs; establish program objectives and performance goals; develop criteria to evaluate effectiveness of program operations and apply corrective action plans when appropriate.

FULL PERFORMANCE KNOWLEDGE, SKILLS, AND ABILITIES (typically acquired on the job):

Working knowledge of: program policies and procedures; current health care terminology; State rules for personnel administration; divisional goals, objectives, policies and procedures; management principles and practices applicable to a large and complex organization.

This class specification is used for classification, recruitment and examination purposes. It is not to be considered a substitute for work performance standards for positions assigned to this class.

7.709

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