



DEPARTMENT OF PERSONNEL
209 East Musser Street, Room 101
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MEMO PERD #38/11
July 25, 2011

TO: Personnel Commission Members
Department Directors
Division Administrators
Agency Personnel Liaisons
Agency Personnel Representatives
Employee Representatives

FROM: Teresa Thienhaus, Director
Department of Personnel

SUBJECT: PROPOSED CLASSIFICATION CHANGES

A handwritten signature in cursive script, reading "Teresa Thienhaus".

Attached are proposed classification changes for your information pursuant to NRS 284.160, subsections 3 through 5. If you have any comments or objections, please notify Peter Long in the Compensation and Classification Division in writing no later than August 24, 2011.

If no written objections are received in this office by August 24, 2011, action will be taken to effect the changes and a report will be made to the Personnel Commission.

Attachments

NOTICE OF PROPOSED CLASSIFICATION CHANGES

Number: 01-12
Posting Expires: August 24, 2011

Per NRS 284.160, the Personnel Director may make a change in classification without the prior approval of the Commission. The following change(s) are proposed:

CURRENT			PROPOSED		
CODE	TITLE	GRADE/EE0-4	CODE	TITLE	GRADE/EE0-4
	NEW		7.709	Rates & Cost Containment Manager	41 B

EXPLANATION OF CHANGE

The Department of Health and Human Services, Division of Health Care Financing & Policy has requested that the Department of Personnel establish a new class titled Rates & Cost Containment Manager. The position will analyze, calculate, develop, evaluate, implement and manage programs associated with rates and cost containment. Programs administered are supplemental payment, cost containment reporting for institutional facilities, nursing facility provider tax, provider cost analysis and reporting and others.

It is recommended the Rates & Cost Containment Manager be placed in the Actuarial/Research/Grants Analysis subgroup of the Fiscal Management & Staff Services occupational group. It is also recommended that this class be allocated at grade 41, to align with Actuary II, also grade 41. Positions in that class have responsibility for the most difficult analysis requiring the application of advanced actuarial principles such as actuarial analysis of data to arrive at rates, analysis of data submitted in required industry reports, and analysis of reserves to determine the solvency of insurance companies. The Rates & Cost Containment Manager calculates reimbursement rate setting for medical claims for Nevada Medicaid and Nevada Check Up and reconciles costs and calculates disbursement of supplemental payments for Federally Qualified Health Care Centers. These classes are comparable in terms of the knowledge, skills, and abilities required, education requirements, level of responsibility, and actuarial analysis. In addition, allocation at grade 41 places the Rates & Cost Containment Manager two grades above its highest level subordinate.

During the review, the Department of Personnel worked closely with management of the Division of Health Care Financing & Policy who assisted in developing the class specification.

The formal recommendations and specifications are on file with the Director of Personnel. To view a copy in Carson City, go to 209 East Musser Street, Room 101; in Las Vegas, go to 555 East Washington Avenue, Room 1400. For more information call (775) 684-0151.

Objections to the proposed change(s) must be received in writing by August 24, 2011. Objections should be addressed to Peter Long, Division Administrator, Compensation & Classification Division, Department of Personnel, 209 East Musser Street, Room 101, Carson City, Nevada 89701-4204.

POSTING DATE: July 25, 2011



STATE OF NEVADA – DEPARTMENT OF PERSONNEL

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 rates and cost containment for the Division of Health Care Financing & Policy in the Department of Health and Human Services. Programs administered are supplemental payment, cost containment reporting for institutional facilities, nursing facility provider tax, provider cost analysis and reporting and others.

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.

Plan, develop and monitor the multifaceted programs and business operations within the unit which includes responsibility for managing the division's medical claims reimbursement rate setting program, cost containment program, supplemental programs, provider tax program, and decision analytics business operation program.

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

Negotiate and manage contracts with service providers; levy fines and negotiate fine payments; 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 and fees for assigned programs; calculate and collect Health Cost Containment Fees.

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 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.

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 social services programs; establishing reimbursement and 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 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

ESTABLISHED: 8/24/11