



PAYER ANALYTICS CONSULTANT

Position Status:	Exempt
Reports To:	Payment Strategy Director
Effective Date:	04/10/23
Revised Date:	04/23/25
Job Level:	P2

POSITION SUMMARY

Under limited supervision, this position:

1. Designs and validates managed care payer models and performs moderately complex analysis to evaluate the feasibility of payer reimbursement methodologies
2. Conducts moderately complex financial analysis to support successful payer reimbursement outcomes
3. Coordinates and collaborates with internal and external stakeholders to achieve payer reimbursement objectives
4. Performs other duties as assigned

DISTINGUISHING CHARACTERISTICS

The Payer Analytics Consultant is the full working level classification in the series and is distinguished from the next higher, advanced working level Senior Payer Analytics Consultant by the latter's responsibility for acting as a strategic consultant on complex projects, greater degree of independence in the performance of complex analysis, thorough knowledge of the methods and techniques of financial analysis, and responsibility for assisting with orientation, mentoring and training of other Payer Analytics Consultants.

RESPONSIBILITIES

1. Designs and validates managed care payer models and performs moderately complex analysis to evaluate the feasibility of reimbursement methodologies, with duties including but not limited to:
 - Supporting the development of financial models and performing payer performance analysis
 - Developing and maintaining models involving multiple variables and assumptions to identify the implications, ramifications, and results of a wide variety of new and revised strategies, approaches, provisions, parameters, and rate structures aimed at establishing appropriate reimbursement levels
 - Preparing and presenting modeling results to senior leadership and other key stakeholders, for review and decision-making activities
 - Researching and gathering data and producing provider reimbursement analysis
 - Performing data mining and financial modeling, contract modeling and analysis utilizing large data sets related to financials, profitability, and business strategy
 - Identifying, reporting, and escalating issues and risks to management, as appropriate
 - Researching and recommending areas for improvement related to data quality and reporting
 - Collecting, organizing, visualizing, and assimilating data to enable financial decision making
 - Providing insights developed through advanced analysis, including data mining, developing reports, and preparing presentations that include solutions and recommendations
 - Using statistical techniques to identify payer reimbursement improvement opportunities

2. Conducts moderately complex financial analysis to support successful payer reimbursement outcomes, with duties including but not limited to:
 - Monitoring current contract rates, reimbursement methodologies, and risk arrangements
 - Performing moderately complex pricing analysis to support provider negotiation, including monitoring rates, updating financial contract language and assess risk
 - Supporting project initiatives that drive payer reimbursement performance
 - Researching and fact-gathering through various websites, such as payer websites, Centers for Medicare & Medicaid Services, and Department of Healthcare Services
 - Analyzing revenue, medical cost, and contractual adjustment variances against both budget and historical trends, by both payer and business segment, to inform the markets about their operational performance results
 - Performing volume analysis and market share analysis
 - Supporting provider liaisons and external consultants to collect and evaluate all information necessary for the accurate and complete preparation of both interim cost reports and the filing of annual governmental cost reports
3. Coordinates and collaborates with internal and external stakeholders to achieve payer reimbursement objectives, with duties including but not limited to:
 - Acting as liaison between the Finance, Configuration, Compliance and Claims teams to ensure successful execution of reimbursement methods
 - Presenting variances to management in standardized categories, such as volume, payer mix, service mix, acuity mix, prior period adjustments, and yield
 - Supporting stakeholders through ongoing education and problem-solving related to managed care payer reimbursement models
 - Supporting users of reimbursement information across the organization within areas such as payer disputes, price transparency requirements, No Surprises Act initiatives, and revenue analytics
 - Providing analysis findings to management and other key stakeholders
 - Educating internal stakeholders regarding analysis related to provider reimbursement
 - Preparing and maintaining records, reports, and other program documents
 - Assisting with the development of policies and procedures related to Payment Strategy Department operations
4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Bachelor's degree in Business Administration, Accounting, Finance, Healthcare, or a related field and a minimum of three years of experience performing financial healthcare reimbursement analysis (a Master's degree may substitute for two years of the required experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of and proficiency with Windows based PC systems and Microsoft Word, Outlook, PowerPoint, Access, Visual Basic, and Excel (including pivot tables), and database systems
- Working knowledge of the methods and techniques of financial modeling and analysis

- Working knowledge of the principles and practices of provider reimbursement methodologies, pricing, and fee schedules for all provider types, including hospital, physician, and ancillary providers
- Working knowledge of healthcare industry specific terms and healthcare related data types and structures, including member, claims, clinical, and provider types
- Working knowledge of the national standards for fee-for-service and value-based provider reimbursement methodologies, including risk-sharing models
- Working knowledge of descriptive statistical techniques and terminology and the principles and practices of statistical analysis
- Working knowledge Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), and ICD 9/10
- Working knowledge of research, analysis, and reporting methods
- Working knowledge of the principles and practices of project management
- Some knowledge of the methods and techniques of developing and delivering data management strategies that support contract analysis, trend management, budgeting, forecasting, strategic planning, and healthcare operations
- Some knowledge of data modeling techniques and business analytical and data mining tools, including SQL, and data visualization tools, such as Tableau
- Some knowledge of data warehouse, data mart, and dimensional data modeling technologies
- Some knowledge of Enterprise Data Warehouse (EDW) and data dictionary, including an understanding of the methods of searching for tables and fields
- Some knowledge of the methods and techniques of valuating for physician and inpatient and outpatient hospital costs
- Some knowledge of healthcare financial statements and accounting principles
- Some knowledge of the principles and practices of customer service
- Ability to collect, interpret, and evaluate data, detect patterns, brainstorm solutions, consider multiple factors when making decisions, and project consequences of recommendations
- Ability to demonstrate strong analytical, critical thinking, and research skills, identify and troubleshoot issues, identify alternative solutions, and make recommendations for action
- Ability to translate data into understandable information and deliver solutions that improve business processes
- Ability to act as a technical resource, provide guidance related to area of assignment, and explain related regulations, processes, and programs
- Ability to manage multiple projects simultaneously, organize work, ensure accuracy of data, maintain accurate records, and achieve goals and timelines
- Ability to interpret and apply rules, regulations, policies, procedures, and guides
- Ability to lead and facilitate meetings
- Ability to make presentations in a clear and understandable manner utilizing methods appropriate to various forums
- Ability to use and create data reports from claims database or EDW
- Ability to produce organized, accurate, and detail-oriented work in a fast-paced environment and under the pressure of deadlines
- Ability to prepare narrative and statistical reports, correspondence, and other program documents
- Ability to work collaboratively with individuals at all levels of the organization while supporting multiple stakeholders
- Ability to demonstrate flexibility and creativity, identify improvements to existing practices,

- and to effectively adapt to change
- Ability to ensure confidentiality and privacy on all external communications
- Ability to work independently with minimal supervision and as a member of a team

DESIRABLE QUALIFICATIONS

- Working knowledge of the various types of health insurance payers, including Medicare, Medicaid, and commercial plans

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to work effectively in a remote work environment
- Ability to travel to different locations in the course of work

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.