**Job Description: RAC Coordinator, Revenue Cycle**

This position develops, interprets, and implements operational requirements for the Centers for Medicare & Medicaid Services' (CMS) Recovery Audit Contractor (RAC) program and has accountability for daily management, monitoring, and direction of RAC activities. This position provides financial data and analysis for internal and external reporting, ensures the hospital is prepared for RAC audits, responds to audit requests, challenges questionable determinations, and files timely appeals.

1. Coordinates, initiates, monitors, and responds to all audit requests/demands.
2. Initiates and monitors the appeal processes in a timely manner.
3. Performs research, gathers financial data, and conducts focused audits on Medicare and Medicaid billing to analyze, summarize, prepare reports, and make recommendations.
4. Coordinates with facility subject matter experts when necessary.
5. Uses data or maintains database to track information including but not limited to trends regarding Medicare and Medicaid billing practice both within and outside of the hospital.
6. Manages internal and external billing audit communications for all audit-related correspondence.
7. Continuously evaluates and improves processes in preparation for audit requests and in response to audit findings.
8. Assists interdisciplinary teams in identifying and prioritizing areas of process improvement and develop/implement processes and tools to mitigate risk.

This is a senior level position requiring a Bachelor's degree or equivalent and four years of experience with advanced knowledge of the healthcare industry. Knowledge of Medicare reimbursement/payment policies, CMS CLAIMS Manual, audit reviews and analysis, medical terminology, and coding (ICD-9, CPT, etc.). Strong organizational skills with a high level of accuracy and attention to detail. Ability to analyze business problems and opportunities, and to provide effective, practical solutions while focusing on continuous improvement and innovation. Strong investigative, analytical, and critical thinking skills. Ability to synthesize information and concisely communicate either verbally or in writing findings and recommendations. Strong presentation skills with the ability to feel comfortable in presenting/defending audit logic to client and key stakeholders. Experience working with cross-functional departments to research and resolve issues using innovative solutions. Strong negotiating skills.

Qualifications:

A Certified Professional Coder with a Registered Health Information Technician (RHIT), or a Certified Coding Specialist (CCS), and/or Registered Health Information Administrator (RHIA) preferred or a Clinical Background with experience in "Appeals Process."

Shared by Gloryanne Bryant, RHIA, CCS, CCDS, regional managing director of HIM, Kaiser Foundation Health Plan Inc. & Hospitals in Oakland, Calif. (gloryanne.h.bryant@kp.org).

**See related job description:** [RAC Coordinator, Health Information Management](http://staging.hfma.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=902)