MERCER

MARSH   MERCER   KROLL
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March 2010

Dear Survey Participant:

Mercer is pleased to present the *2010 US Integrated Health Networks (IHN) Compensation Survey Suite*. Please review the important information below and submit your data by the deadline of **April 19, 2010**.

- **Results delivered in Mercer PayMonitor®** – Results are delivered in Mercer PayMonitor, our online data analysis tool. With PayMonitor, participants can print the entire report from a PDF and generate unlimited custom reports. Learn more at **imercer.com/paymonitor**.

- **Participation has advantages –** Participate and take advantage of significant savings on results and access superior analytics – available only to survey participants – in Mercer PayMonitor.

- **Order results with your data submission** – For access to your data as soon as the results are released, please follow the instructions on page 2 of the Participation Guide for ordering on the **"Order Results"** tab in the Excel spreadsheet.

We look forward to receiving your data soon. If you have questions, please contact Customer Service at **800 333 3070** or **surveys@mercer.com**. For data submission materials on other Mercer compensation surveys, visit **imercer.com/participate**.
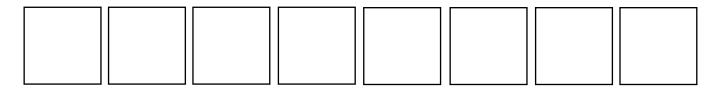
Sincerely,

Mercer

MERCER

2010 US Integrated Health Networks Compensation Survey Suite

Participation Guide

Consulting. Outsourcing. Investments.

2010 US Integrated Health Networks Compensation Survey Suite

Participation is Easy!

This participation guide is designed to make data submission easy. It provides you with an overview of the participation process, followed by instructions for completing each section of the preformatted Excel® spreadsheet. Included in this guide are the following materials:

Overall Suite Participation Information

Collects information on top executives within a health insurance/managed care organization.

Collects information on middle management, supervisory, professional, and nonexempt-type positions within a health insurance/managed care organization.

Collects information on middle management, supervisory, and professional sales and marketing positions within a health insurance/managed care organization.

Collects information on top executives and select middle management within healthcare provider systems.

Collects information on top executives and middle management within single facilities providing direct patient care.

Collects information on individual contributor positions and select supervisors within healthcare provider organizations.

Collects information on middle management, supervisory, professional, and nonexempt type positions within an assisted living, long-term care, home health, or hospice organization.

Important Dates

- Data effective date — April 1, 2010
- Data submission deadline — April 19, 2010
- Report publication date — August 2010

Confidentiality

Mercer ensures all data collected in this questionnaire to be confidential. In instances where this data may be used in other survey reports, such as custom analyses, your organization name may appear in the participant list. In all cases, it is Mercer's policy to continue to maintain the confidentiality of all data submitted during the data collection process.

Data Integrity/Exclusion Policy

Where necessary, Mercer staff will verify individual responses with participants. Mercer reserves the right to exclude data which it considers invalid, cannot be verified by the participant, or may result in a breach of confidentiality for any survey participant.

Organization Demographic Validation

Please note that all organization data provided will be audited against information available in the public domain. If your submission is incomplete and/or does not align with the publicly available information we will contact you to discuss. If you fail to respond to queries or are unable to provide relevant information, Mercer reserves the right to update your submission with information available in the public domain. In all cases, you will be notified of any changes made to your submission and given an opportunity to amend.

Data Submission Options

Once you have completed and reviewed your data, please save the file and keep a copy for your records. Completed questionnaires should be uploaded or e-mailed to Mercer no later than April 19, 2010. There are two options for submitting your data electronically to Mercer:

1. **Upload** - Mercer offers the option to upload your questionnaire. Your data can be uploaded directly to Mercer via a secure Internet connection. You can access the upload site at: **https://hcsurveys.imercer.com/US.**

2. **e-Mail** - Alternatively, e-mail the completed questionnaire to **surveys@mercer.com**. Please include your organization name and any pertinent contact information in the e-mail. Be sure to maintain a copy of the completed questionnaire for your records.

After submitting your data electronically to Mercer, an e-mail notification will be sent within 24 hours to your e-mail address confirming receipt of your questionnaire.

If you do not receive an e-mail notification from Mercer, or you have any questions, please call 800 333 3070 or send an e-mail to **surveys@mercer.com**.

Ordering Results

Results will be delivered in Mercer PayMonitor. A primary user for your organization will be granted access for each module/survey you order. Please follow the instructions for placing your order on the *"Order Results"* tab in the Excel spreadsheet.

If others at your organization need PayMonitor access, please indicate their names, e-mail addresses and the module(s) for which they should have access on the *"Order Results"* tab -*Additional User Order Form*. Additional users may be added for $150 each per module.

How To Order - Choose from the option below to order your results:
- Indicate your selection on "*Order Results*" tab.
- Visit us online at **imercer.com**
- Send an e-mail to **surveys@mercer.com**
- Call a Mercer Customer Service Representative at **800 333 3070**

Participant Online Results - Mercer PayMonitor, a leading-edge analytical tool, lets you quickly access market data using template reports or custom reports you create. The entire incumbent database is embedded in PayMonitor in an encrypted, protected format.* PayMonitor also includes the published survey results. These PDF reports may be searched, exported, printed, or downloaded. *Confidentiality is strictly maintained. Statistics are generated only when the sample size meets a predefined minimum number of observations*.

Why Participate?

In addition to a savings of nearly 70% on the purchase price of results, you receive greater functionality as a result of contributing your organization data to the database. PayMonitor provides a high level of functionality, including the ability to (view detailed capabilities at **imercer.com/paymonitor**):
- Produce results for survey positions across functions in a single database
- Customize markets such as location and revenue size
- Define a custom database of participating organizations
- Exclude your data from calculations
- Compare your data to the market and view your competitive position
- Quickly retrieve predefined statistics, one position at a time, through Quick Report™
- Print a PDF of the survey results

Customer Service Line
If you have questions about these surveys or our other surveys or services, please call Customer Service at 800 333 3070 or e-mail us at **surveys@mercer.com**.

Instructions for Participating

Module Participation Information
This tab provides a brief explanation of each module.

Submission Guidelines
This sheet provides a brief explanation about each of the spreadsheet tabs.

Order Results
Primary Purchaser/Recipient - Provide the name, title, telephone number, extension, street address, city, state, zip, and e-mail address for the person to whom the results and invoice should be sent.

Order Form - Review the options listed in the Participant Order Information section to determine your results selection(s). Results also can be ordered online at **imercer.com** or by contacting our customer service line at **800 333 3070** should you decide to update your order.

Organization Information Form
Organization Information - Enter your organization information in the blanks provided.

Individual Supplying Information - Provide the name, title, telephone number, extension, and e-mail address of the person responsible for submitting the data and to whom all data questions should be addressed.

Additional Individual Supplying Information - Provide the name, title, telephone number, extension, and email address of the person submitting any additional data if the person is different from above.

Entity Type - For each entity, select the appropriate entity type from the list provided.
1 - Healthcare Provider System - an organization that operates more than one acute care hospital.
2 - Healthcare Subsidiary System - a multi-hospital system that is owned by another system.
3 - Health Plan/Managed Care Organization - an organization that provides, sells, and administers health insurance.
4 - Fully Integrated System - a healthcare provider system that owns a hospital(s) and operates a health plan.
5 - Stand-alone Hospital - a single acute care facility not owned by healthcare provider system; may also operate a "satellite operation" (e.g., long-term care/nursing home, assisted living, physical rehabilitation, physician practice, outpatient/ambulatory care, home health/hospice, etc.).
6 - System-owned Hospital - an acute care hospital owned by a healthcare provider system, healthcare subsidiary system, or a fully-integrated system.
7 - Non-Hospital Healthcare System - an organization that operates more than one non-hospital facility (e.g., long-term care/nursing home, assisted living, physical rehabilitation, physician practice, outpatient/ambulatory care, home health/hospice, etc.).
8 - Non-Hospital Healthcare Facility - a single non-hospital facility (e.g., long-term care/nursing home, assisted living, home health/hospice, etc.).
9 - Other - any organization that does not fit into the above categories.

System-owned/a subsidiary - Indicate whether the submitting organization is system-owned or a subsidiary, and if so, provide parent organization information.

Type of Ownership - Report if the organization is:
Publicly traded - a for-profit entity whose ownership shares are traded on a U.S. or foreign stock exchange. Note: Organizations with a parent company who trade on either a U.S. or foreign stock exchange should report themselves as publicly traded.
Privately held - a for-profit entity whose ownership shares are not publicly traded on a stock exchange.
Not-for-Profit - a tax exempt organization that does not declare a profit but utilizes all revenue available after normal operating expenses in service to the public interest.
Joint-Venture - an entity formed between two or more parties to undertake economic activity together.
State-Owned Enterprise - is a legally constituted organization whose objective is to support or engage in activities of public or private interest without any commercial or monetary profit. In many countries some NPOs will be charities, but there will also be many NPOs which are not charitable organizations.

Ticker - If your organization is publicly traded, please provide the ticker symbol of the stock for which your LTI (Long-term Incentive) grants are awarded. If your organization does not award LTI grants or if you are not providing LTI grants, please provide the ticker symbol of the parent company.

Organization Information Form

Stock Exchange - If your organization is publicly traded, please provide the trading exchange of the stock for which your LTI (Long-term Incentive) grants are awarded. (If your organization does not award LTI grants or if you are not providing LTI grants, please provide the trading exchange of the parent company):

Foreign

NASDAQ (National Association of Securities Dealers Automated Quotation System)

NYSE (New York Stock Exchange)

OTC (Over-the-Counter)

TSX (Toronto Stock Exchange)

TSXVE (Toronto Venture Exchange)

Stock Country - If your organization is publicly traded, please provide the country in which the stock trades for your organization's LTI (Long-term Incentive) grants. (If your organization does not award LTI grants or if you are not providing LTI grants, please provide the country in which the parent company's stock trades.)

Long-term Incentive Plan - Indicate whether your organization has an existing long-term incentive plan, and if yes, what kind of plan(s) are in place for your executive employees.

Managed Care/Health Plan:

BlueCross BlueShield Licensee - Indicate whether your organization is a BlueCross BlueShield licensee.

Ownership (Health Plans/Managed Care Organizations) - Indicate whether your organization is owned by a hospital/healthcare system.

Gross Revenue - Health Plans: Enter in thousands. Gross Revenue consists of the premium and fee revenues for commercial, self-funded, and governmental business (Medicare, Medicaid, and Federal Employee Programs) plus investment and other revenue. This amount should include any subsidiaries of the organization for which data is submitted.

FTEs (Full-time Equivalents) - Enter the sum of the hours typically worked per week for all employees divided by the organization's definition of a full-time work week.

Medical Membership (Health Plans/Managed Care Organizations) - Enter the number of medical members that are insured by your organization.

Type of Healthcare (Hospital/Hospital System or Other Care Provider) - Indicate all types of care your organization provides and the number of facilities owned providing that type of care. **Note**: *If you are reporting information applicable to multiple direct patient care facilities, please complete the Supplemental Facility Organization Form (Short) on the next tab, and provide the facility ID which corresponds to each incumbent's workplace.*

Teaching - Indicate whether your organization provides teaching programs for medical students.

Faith-based - Indicate whether your organization is faith-based, and if so, whether it is affiliated with the Roman Catholic faith.

Urban or Rural - Based on Medicare guidelines, indicate whether your organization is classified as urban or rural.

Gross Revenue - Healthcare Providers - Enter in thousands. Gross revenue consists of all the revenue earned from professional services rendered to patients and other customers. This amount should include any subsidiaries of the organization for which data is submitted.

Net Revenue - Enter in thousands, the total of all operating and non-operating revenue minus charity care and contractual allowances.

Operating Expenses/Budget - Enter in thousands, all fiscal expenditures made (excluding capital expenditures) by the organization during the most recently completed fiscal year.

Staffed/Setup Beds - Enter the number of staffed/setup hospital beds that are in operation and available for patient use.

Premier Membership - Indicate whether your organization is a Premier member.

Organization Information Form
Supplemental Organization Information
The *Supplemental Organization Information* collects specific information on each facility for which data is submitted. The data requested includes a number of demographic items that are used in the analysis of the position and incumbent information that is reported. It is very important to complete the *Supplemental Organization Information* for each entity for which you will report data. This refers to the subsidiary, group, or division reported. Please provide a facility ID (any unique number or alphabet abbreviation) for each entity reported, as well as the legal name, city, state, and zip code of the facility. The corresponding facility code(s) must also be entered on the *Position & Incumbent Information* tab. Definitions of the data items collected on the *Supplemental Organization Information* tab are provided in Organization Information Form instructions within this document.

Please note that all organization demographic data provided will be audited against information available in the public domain. If your submission is incomplete and/or does not align with the publicly available information we will contact you to discuss. If you fail to respond to queries or are unable to provide relevant information, Mercer reserves the right to update your submission with information available in the public domain. In all cases, you will be notified of any changes made to your submission and given an opportunity to amend.

Hourly Per Diem and Hourly Float Pool Rate Information
Hourly Per Diem:
The hourly rate paid to those who are not regularly scheduled to work, receive no benefits and are not guaranteed a set number of hours. For each facility, enter the hourly per diem rate for positions 5005, 5010, 5020, 5030, 5040, 5120, 5305, 5310, 5320, 5325, 5340, 5505, 5510, 5515, 5520, 5535, and 5540 only. Report only one rate per position. If your facility has multiple rates, provide the average rate for each position.

Hourly Float Pool:
The hourly rate paid to those who are regularly scheduled to work and receive benefits, but who do not have a specific unit assignment at the facility. For each facility, enter the hourly float pool rate for positions 5005, 5010, 5020, 5030, and 5040. Report only one rate per position. If your facility has multiple rates, provide the average rate for each position.

New, Revised and Deleted Positions for 2010
For easy participant reference, this tab contains changes (new, revised, and deleted positions) for the 2010 survey. It includes the classification of the change, the module in which the position is found, the position title for 2009 (if applicable) and the position code and title for 2010.

Position & Incumbent Information
This tab collects information about each position such as base pay and incentive eligibility.

To determine which of the module(s) are applicable to your organization, please refer to the **Module Participation Information** tab and to the position descriptions in this guide to identify the positions for which you will provide information. Some executive positions have been identified as single incumbent positions. In general, only one employee, the most senior individual, per organization entity should be reported for these single incumbent positions.

How to match your Positions to Mercer's Positions
- Please do **not** report average data.
- Match your positions to Mercer's positions based on content, rather than title.
- Recognize that your incumbent need not perform all of the functions described in the position in order to have a valid position match. Consider a position a good match if it represents at least 80% of the duties listed in the position description. Each incumbent should be matched to only one position.
- Do not overlook the fact that if one or several major responsibilities included in the survey description are not a part of your position (or vice-versa), another position may be more appropriate.

Notes and Feedback
Mercer values your input regarding our compensation surveys and data collection tools. In order to make this survey as easy to complete as possible, please complete the *Notes and Feedback* tab contained in the Excel spreadsheet. On this tab, you can provide any explanatory notes you have regarding your data, enhancements, or new positions you have for the survey.

Please remember to make a copy of the completed files for your records.

Position Incumbent Information

- Before completing the *Position Incumbent Information* tab, please take time to review the position descriptions.
- **Do not report average data for any position**.
- **Do not match the same incumbent to more than one survey position**, either within the same module or across multiple modules.
- Definitions of the variables and instructions for submitting data are provided below. **Note:** *Compensation data that you report should be current as of* **April 1, 2010**.

Facility ID - If you are a fully integrated system, enter the facility ID indicating the entity for which each incumbent is responsible, which corresponds to the Facility ID reported on the Participating Organization Summary.

Position Code - Enter the position code to identify each position being reported. Please refer to the position list provided on page 10 of this guide.

Incumbent Identifier - Submit a unique identifier specific to your organization for each incumbent reported. The number must be unique for each incumbent and preferably consistent from year to year. Using unique incumbent identifiers consistently from year to year better identifies trends. It may be alphanumeric up to nine characters. Please do not submit Social Security numbers or employee names. Do not include dashes or other formatting.

Position Tenure - Enter a "1" for Yes or "2" for No to indicate whether the incumbent was in this same position April 1, 2009.

Your Organization's Position Title - Enter your organization's title for this position.

Reports To Position Title - Enter the title of the person to whom this position typically reports.

Your Organization's Position Code - For your reference, (optional) and to facilitate imports/exports from your HRIS, enter your organization's position code for this position.

Law Degree - Enter a "1" for Yes or "2" for No to indicate whether the incumbent has a law degree. *This item is collected only for position 1105.*

Chairman of the Board - Enter a "1" for Yes or "2" for No to indicate whether the incumbent serves as Chairman of the Board of Directors. *This item is collected only for position 1003.*

Division or Subsidiary Responsibility - Enter a "1" for Division or "2" for Subsidiary to indicate whether the business line for which the incumbent is responsible is considered a division or subsidiary within the overall reporting organization.
Note: *Division is defined as a business line that is operationally dependent on the overall reporting organization, and Subsidiary is defined as a business line that is not operationally dependent (i.e., could stand or be sold as a separate organization). This item is collected for positions 1220, 1285, 1305, 1335, 1338, 1360, and 1365.*

Gross Revenue Responsibility - Enter the gross amount of revenue for which each incumbent is responsible. *This item is collected for positions 1008, 1053, 1055, 1121, 1147, 1208, 1220, 1235, 1242, 1243, 1245, 1255, 1263, 1264, 1267, 1285, 1292, 1305, 1307, 1321, 1322, 1323, 1331, 1335, 1338, 1360, 1365, 1603 and 1605.*

Functional Responsibility – Complete only for position 1245. Indicate if incumbent responsibilities include (select all that apply):
1 – Sales; 2 – Underwriting; 3 – Network Management, 4 – Provider Contracting.

Responsibility – Complete for executive positions only. Indicate if incumbent responsibilities include:
10 - Global: executive is responsible for worldwide operations of the organization
20 - Multi-regional: executive is responsible for 2 or more regions (e.g., North America, Europe, Asia)
30 - Regional: executive is responsible for a geo-political area, usually a continent (e.g., North America)
40 - Sub-regional: executive is responsible for the United States and 2-7 additional countries (e.g., Mexico, France, Germany, China)
50 - Mercer use only
60 - Mercer use only
70 - In country: executive is responsible for the United States
80 - District: executive is responsible for a significant area within the United States (e.g., Eastern United States)

Medical Degree – Enter a "1" for Yes or "2" for No to indicate whether the incumbent has an MD. *This item is collected only for position 1332.*

Zip Code of Incumbent's Workplace - Enter the five-digit zip code that corresponds to the incumbent's work location. Please ensure that codes beginning with "0" are reported as such.

Organization Level - Identify the reporting level of the position in relation to the organization's top management position. The top management position is Organization Level 1 and is the only position that can be reported at this level. Any positions that report to the Level 1 position are at Organization Level 2, and those positions reporting to Level 2 positions are at Organization Level 3.

Position Incumbent Information

Position Match - Identify how closely the responsibilities of your organization's position correspond to those of the position description. Use the position match code:
1 - Your position has *less responsibility* than the position description.
2 - Your position *closely matches the responsibilities* of the position description.
3 - Your position has *greater responsibilities* than the position description.

Annual Base Pay - Enter the annual base pay of the incumbent effective as of April 1, 2010. **Do not** report average pay. **Do not** include part-time incumbents or contracted staff from outside sources. Report the data in annual, whole dollars (e.g., $32,500).

Annual Range Minimum and Maximum - A traditional pay structure has a minimum, midpoint, and maximum with a range spread of approximately 50% - 100%. If a traditional pay structure is used to manage pay for this position, then enter the minimum and maximum of the range for this position. **Do not** enter Broadband range information.

Short-term Incentive (STI) Eligible - This refers to participation in an incentive plan with awards related to performance against selected criteria over a period of one year or less (e.g., an annual incentive plan or a project milestone bonus program).
1 - Yes
2 - No

Annual STI Threshold Percent (as Percent of Base) - Minimum incentive payout based on minimum performance requirements as a percent of base pay. **Note**: If your threshold is 5% please enter "5", not ".05".

Annual STI Target Percent (as Percent of Base) - If the position is eligible for a short-term incentive, enter the annual target percent as a percent of base pay based on the design elements of the plan. The target percent should reflect the payout if all goals for the year are met. If the target percent has changed from the prior year, enter the target percent that corresponds to the incentive amount to be reported for incumbents in the position. **Note:** If your target is 5% please enter "5", not ".05".

Annual STI Maximum Percent (as Percent of Base) - Indicate the maximum annual cash incentive, as a percent of base pay, for the position. **Note**: If your maximum is 5% please enter "5", not ".05".

Annual Short-term Incentive (STI) Amount - Enter the amount of incentive earned (but not necessarily paid out) in the most recently completed twelve-month incentive performance period. Exclude any non-performance-based incentives such as holiday bonuses, sign-on bonuses, retention bonuses, or mandatory deferred compensation payments. Profit sharing awards should be included in this category unless they are deferred for retirement benefit. If the incumbent was eligible for an incentive, but no incentive was given, enter "0." **Do not** report this information if the incumbent is not incentive eligible. Please see short-term incentive eligible for further definition. Report the incentive amount in annual whole dollars. If an incumbent receives a prorated amount please annualize. If it is not possible to provide an annual amount this field should be left blank. Short-term incentive amount should be at least $100 if annualized.

STI Status for Non-Receivers - Use the following codes to identify the STI amount status for each incumbent who is eligible for a payout and either a zero or a blank was reported:
1 - Performance Goals not achieved
2 - New employee
3 - Payout amount not available
4 - Plan design change
5 - Other

Long-term Incentive (LTI) Eligible - Enter a "1" for Yes or "2" for No to indicate whether this incumbent is eligible for a long-term incentive. This refers to an incentive plan in which awards are typically related to performance against selected criteria over a period of more than one year. **Note:** If yes, please be sure to provide data for long-term incentive plan types offered and awarded.

LTI Plan Types Offered - Indicate which long-term incentive plan(s) are offered to this incumbent. Please insert a comma, without spaces between numbers, if multiple plans are offered (e.g., 11,21,32). A description about each of the plans follows:
11 - Stock/Share Options
12 - Share Appreciation Rights (SARs)
21 - Stock/Share/Share Unit Awards
31 - Performance Units
32 - Long-term Cash

Stock/Share Options - Stock/Share Options allow for the purchase of stock at a fixed price over a specified period. The exercise price is typically equal to the market price on the date of grant, but may be less than or greater than the market price on the date of grant.

Position Incumbent Information

Share Appreciation Rights (SARs) - Share Appreciation Rights provide an incumbent with the appreciation in market value of the share. They may be paid out in cash, stock, or a combination of cash and stock. No investment on the part of the incumbent is required. Share Appreciation Rights include Phantom Appreciation Shares. Phantom Appreciation Shares are an award denominated in hypothetical shares, the value of which is based on an increase in actual share value or another measure of organization value (e.g., book value). There are three types of Share Appreciation Rights:

   Freestanding - SAR grant that is not attached to a stock option.
   Limited - SAR that is exercisable only upon the occurrence of a specific event such as a change of control.
   Tandem - SAR that is granted with a stock option. The exercise of one cancels the other.

Stock/Share/Share Unit Awards - Conditional grants of notional, actual or phantom shares of stock with vesting contingent upon employment for a specified period of time or achievement of specified performance goals over a multi-year performance period. The value of each share depends upon the market value of the share at the end of the vesting period. Share Awards include those that are commonly referred to as Restricted Stock, Restricted Stock Units, Performance Shares, Performance Share Units, or Phantom Full Value Shares.

Performance Units - Conditional grant denominated in units other than notional or actual shares, with payment contingent upon achievement of specified performance goals over a multi-year performance period. Performance Units are cash-denominated and not tied to the price of a share of stock. Although units are usually dollar-denominated, their value may also be based on other constructs, such as dividends or EPS (Earnings Per Share). Where the value of each unit is equal to $1.00, the incentive type is also known as "Long-term Cash."

Long-term Cash - A predetermined cash amount paid out contingent upon achievement of specified performance goals over a multi-year performance period.

Stock/Share Ownership Guidelines - Enter a "1" for Yes or "2" for No to indicate if there are stock/share ownership guidelines for this incumbent (i.e., formal guideline requiring individuals in a position to own a minimum number of shares of organization stock). This field should only be completed if the incumbent is LTI Eligible.

LTI Plan Award - Indicate which long-term incentive plan award type you are reporting. Use a separate column for the most recent grant received by the incumbent for each LTI program in which the incumbent is eligible to participate and actually received an award/grant.

Plan Structure - For all plan types, indicate the structure of the plan from which the award has been made:
1 - Fixed Amount Award: Typically, these awards are service based. When performance criteria apply, they do not have a downside or upside potential; in some markets, this type of award may commonly be referred to as an "All or Nothing" type of award.
2 - Defined Target Award (with higher/lower payout potential): These awards include a "target" number of shares/share units corresponding to target performance. The number of shares awarded may be more or less based upon actual performance (e.g., payouts may be 0% to 200% of target).
3 - Defined Maximum Award (with lower payout potential): These awards include a "maximum" number of shares/share units corresponding to performance. The number of shares awarded may be less based upon performance.

Maximum Award as a Percent of Target (For Plan Structure 2 Only) - For plans with a structure of "Defined Target Award (with higher/lower payout potential)" indicate the maximum potential award as a percent of target. For example, if maximum performance targets are met, the award payout may be up to 200% of the target. Thus, 200 should be entered.

How LTI Grant Vests - For all plan types, indicate how vesting, the point in time that the grant is considered "owned" by the recipient, is determined:
1 - Service Based: The grant becomes vested by continued employment and is not contingent on achievement of financial or internal goals.
2 - Performance Based: The grant becomes vested when a financial target, such as total shareholder return, (i.e., change in share price plus dividends), or an internal metric is met.
3 - Performance Accelerated: The service based vesting period of the grant can be reduced based upon the achievement of a financial target or an internal metric.

Note: If the award vests based on service and has an escalator based on performance, please report the grant as two separate awards - the service based award and the performance based additional component. Combination grants such as these should have a "base line" award that vests on service only with an incremental award that is contingent on performance.

Performance Measure - For all awards with Performance Based vesting, please provide the Performance Measure that is used to determine the level of payout:
1 - Relative Total Shareholder Return Only: Used to compare the performance of the incumbent's company to peer companies' stocks and shares over time. Share price appreciation is combined with reinvestment of dividends paid to show the total return to the shareholder. The plan award is dependent upon the incumbent's company positioning versus the peer group.
2 - Multiple Measures including Relative Total Shareholder Return
3 - Multiple Measures not including Relative Total Shareholder Return
4 - Other

Position Incumbent Information

Grant Currency - For all plan types, indicate the currency in which the grant was issued:
AUD - Australian Dollar
CAD - Canadian Dollar
CHF - Swiss Franc
DKK - Danish Krone
EUR - Euro
GBP - British Pound
JPY - Japanese Yen
MXN - Mexican Peso
NOK - Norwegian Kroner
USD - United States Dollar
ZAR - South African Rand

Grant Date - Indicate the month, day, and year (MM/DD/YYYY) of the most recent award of this plan type. If multiple grants have been awarded (e.g., eligible for multiple plans), enter each grant separately in the columns provided. **Please do not report grants that were awarded prior to January 1, 2009**.

Position Incumbent Information

Number of Options/Shares/Performance Units - Indicate the number of options, shares, or performance units awarded in the most recent grant to this incumbent. For plans with a structure of "Fixed Amount," this field should reflect the number of options/shares/performance units that would be awarded upon achievement of the vesting criteria. For plans with a structure of "Defined Target (with higher/lower payout potential)," this field should reflect the number of options/shares/performance units that would be awarded if "target" performance is met. For plans with a structure of "Defined Maximum (with lower payout potential)," this field should reflect the number of options/shares/performance units that would be awarded if "maximum" performance is met. For Long-term Cash awards, this field should be empty.

Long-term Cash Amount - For Long-term Cash awards, enter the most recent cash award grant amount. Report the total predetermined cash award to be paid assuming specified performance goals are met. For instance, if $100,000 would be paid at 33% per year for meeting specific goals over a three year performance period, report the entire $100,000 award. If there is upside/downside in the ultimate payout depending on performance, enter the "target" cash award for meeting target performance.

Grant Price per Share - Indicate the per share or unit price at the most recent grant date:

- For Stock/Share Options and Share Appreciation Rights provide the exercise price per share of the Stock/Share Option or Share Appreciation Right.
- For Stock/Share/Share Unit Awards provide the grant price per share/share unit of the award.
- For Performance Units provide the per unit value of the Performance Unit award.
- For Long-term Cash awards this field should be empty.

Market Price per Share on Grant Date - If the market price at the date of grant is different than the grant price, indicate the market price of each option, share, or unit at the most recent grant date. This value is not affected by the application of premiums or discounts that may have been applied at the time of the grant. This is simply the market price for one single share or unit.

Total Accounting Cost per Share on Grant Date (FAS 123R, IFRS2) - For plan types 11 and 12, provide the total accounting cost, on a per share basis, associated with this award for financial reporting purposes. Please do not provide the aggregate cost of the grant or the annual expense accrual. For example, if 100 options with a three year vesting period and a total accounting cost per share of $15 are awarded to an employee, please report $15, as opposed to the $5 that would be expensed annually over the three year vesting period, or $1,500 that would be the aggregate cost of the grant.

Grant Frequency - Indicate the frequency of grant offerings to this incumbent for the plan reported:
1 - Every year
2 - Every 2 years
3 - Every 3 years
4 - Upon Hire/Promotion
5 - Special One Time Grant (e.g., key employees, recognition, discretionary)
6 - Quarterly
7 - Semi-annually

Term of Grant (For Plan Types 11 and 12 Only) - Indicate the term (award life) in number of years of the grant awarded. The term is the maximum period of time for which the grant is available to the incumbent and after which the options expire. This is NOT the performance period or vesting period which may apply to the award. The term of grant should only be provided for Plan Types 11 and 12.

Position Incumbent Information

Vesting Period - For all plan types, indicate the amount of time required for the options/shares/performance units/long-term cash to vest and (in the case of options) become exercisable in full:

1 - 1 Year
2 - 2 Years
3 - 3 Years
4 - 4 Years
5 - 5 Years
6 - More than 5 Years
7 - At Grant (Immediately)
8 - Other

Vesting Other - For an answer of 8 (Other) in the "Vesting Period" data element, indicate the amount of time the options/shares/performance units/long-term cash vest and (in the case of options) become exercisable in full.

Type of Vesting - For all plan types, indicate the type of vesting applicable to the reported grant.

1 - Installment Vesting (vesting occurs over a period of time, typically 3 to 5 years)
2 - Cliff Vesting (vesting occurs all at one time)

Module 1 - Health Plan Executives Position List by Family

Senior Governing Executives

[S]1003	President/Chief Executive Officer (CEO) - All Health Plans
1008	Regional Executive Officer - Health Plans
1245	General Manager - Health Plan
1360	Top Product/Service Line/Specialty Business Unit Executive
1365	Top Multiple Product/Service Lines/Specialty Business Units Exec

Corporate Support

[S]1010	Chief Operating Officer (COO)
[S]1020	Top Administrative Services Executive
[S]1025	Chief of Staff
[S]1030	Top Mergers and Acquisitions Executive
1035	Senior Business Consultant, Corporate Development
[S]1040	Top Facilities Executiv
[S]1170	Top Strategic Planning Executive
[S]1180	Top Government Relations Executive
[S]1185	Top Public Policy Executive
[S]1500	Top Philanthropy Executive

Special Services/Product Lines

[S]1220	Top Government Programs Executive
[S]1285	Top Dental Executive
[S]1305	Top Behavioral Health Executive
[S]1307	Medical Director of Behavioral Health
[S]1335	Top Pharmacy Executive
[S]1338	Top Pharmacy Benefits Management (PBM) Executive
[S]1340	Top Medicare Operations Executive

Finance

[S]1050	Chief Financial Officer (CFO)
1053	2nd Level Finance Executive
1055	Top Regional Finance Executive
[S]1060	Controller
[S]1065	Treasurer
[S]1240	Top Underwriting Executive
1242	2nd Level Underwriting Executive
1243	Top Regional Underwriting Executive
[S]1270	Top Actuarial Executive
1275	2nd Level Actuarial Executive
[S]1800	Top Internal Audit Executive

Legal/Compliance

[S]1070	Corporate Board Secretary
[S]1100	Top Legal Executive
1102	Deputy Legal Counsel
1103	Associate General Counsel
[S]1105	Top Compliance Officer
[S]1107	Top Sarbanes-Oxley Executive
[S]1110	Top Privacy Officer

Human Resources

[S]1600	Top Human Resources Executive
1603	2nd Level Human Resources Executive
1605	Top Regional Human Resources Executive
[S]1610	Top Organizational Development/Learning Executive
[S]1615	Top Compensation and Benefits Executive
[S]1620	Top Compensation Executive
[S]1625	Top Benefits Executive

Information Systems

[S]1120	Chief Information Officer (CIO)
1121	2nd Level Information Systems Executive
[S]1125	Top Health Informatics Executive

E-business

[S]1400	Top E-business Executive
1415	E-business Program Manager

Sales & Marketing

[S]1129	Top Marketing, Advertising, and Communications Executive
[S]1130	Top Marketing Executive
[S]1145	Top Product Development Executive
1147	Product Line/Regional Product Development Executive
[S]1150	Top Public Relations Executive
[S]1155	Top Communications Executive
[S]1260	Top Sales and Marketing Executive
1263	Top Regional Sales/Marketing Executive
1264	Top Product/Service Line/Specialty Business Unit Sales/Mktg Executive
[S]1265	Top Sales Executive
[S]1266	Top National Accounts Executive
1267	Top Regional National Accounts Executive

Quality Management

[S]1200	Top Quality Assurance Executive (MD)
[S]1205	Top Quality Assurance Executive (non-MD)
1208	Top Regional Quality Management Executive

Medical Executives

[S]1320	Chief Medical Officer/Medical Director
1321	Regional Medical Director
1322	Medical Director - Single-Market Health Plan
1323	Medical Director - Specialty Business Unit
1331	Associate Medical Director
[N,S]1332	Top Medical Management Strategy & Operations Executive

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B = Title, Desc. Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

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Module 1 - Health Plan Executives Position List by **Family**

Claims/Member Service

[s]1230	Top Service Operations Executive
1235	Top Regional Service Operations Executive
[s]1237	Top Claims Processing Executive
[s]1238	Top Member Service Executive
[s]1239	Top Membership and Billing Executive

Provider Network

[s]1250	Top Provider Network Executive
1255	Top Regional Provider Network Executive
[s]1290	Top Provider Network Contracting Executive
1292	Top Regional Provider Network Contracting Executive

Module 1 - Health Plan Executives Position Descriptions

$1003   President/Chief Executive Officer (CEO) - All Health Plans

Responsible for directing the overall operation of a health insurance/managed care organization. Develops and implements corporate policies and procedures and establishes short- and long-range goals, objectives, and plans. Reports to the Board of Directors. Note: This is generally a single incumbent position.

1008   Regional Executive Officer - Health Plans

Responsible for regionally directing the operations of a health insurance/managed care organization including developing and implementing policies and procedures, short- and long-term goals, objectives, and plans. Typically reports to the Chief Operating Officer (COO) or the President/Chief Executive Officer (CEO).

$1010   Chief Operating Officer (COO)

Responsible for the daily management and coordination of the overall operation of the organization. Assumes an active role in the development and implementation of long-range plans, goals, and objectives for the organization. Reports to the President/Chief Executive Officer (CEO) and typically assumes responsibility for administration in his/her absence. Note: This is generally a single incumbent position.

$1020   Top Administrative Services Executive

Responsible for the direction and coordination of two or more administrative/staff functions; such as finance, marketing, human resources, public relations, IT, and quality assurance. Typically reports to the Chief Operating Officer (COO) or the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position.

$1025   Chief of Staff

Directs, monitors, and contributes to special/strategic projects. These projects are strategic in nature, highly complex, and involve creation and oversight of multifaceted teams. Advises, supports, assists, coordinates, and collaborates on special/strategic projects for the Chief Executive Officer (CEO). Organizes, problem solves, raises issues, and integrates initiatives, solutions, and actions for the Chief Executive Officer (CEO). Acts as an executive liaison to resolve problems and ensure successful implementation of company initiatives. In some organizations, this incumbent may change when the Chief Executive Officer (CEO) incumbent changes. Requires a minimum of a Bachelor's degree with at least seven years of managed care or healthcare experience. Note: This is generally a single incumbent position.

$1030   Top Mergers and Acquisitions Executive

Responsible for identifying and analyzing possible mergers, acquisitions, and divestitures, and making recommendations as to their impact on the organization's profitability. Responsible for contributing to the actual negotiations regarding mergers and acquisitions. Typically reports to a Chief Financial Officer (CFO). Note: This is generally a single incumbent position.

1035   Senior Business Consultant, Corporate Development

Provides strategic, analytic, and project support for mergers and acquisitions. Responsible for identifying and profiling the performance and management of potential merger partners, supporting merger development and implementations, and leading a significant portion of a due diligence process with all appropriate merger contacts. Also responsible for providing strategic, analytic, and project support to other key business initiatives. Typically reports to Top Mergers & Acquisitions Executive.

$1040   Top Facilities Executive

Responsible for the development of long-range objectives and policies for the maintenance and construction of the organization's facilities. May provide guidance to facilities' executives. Assists in development of the organization's policies and procedures. Typically reports to Chief Financial Officer (CFO), Top Human Resources Executive, or Top Administrative Services Executive. Note: This is generally a single incumbent position.

$1050   Chief Financial Officer (CFO)

Responsible for overseeing all financial functions of the organization and its individual operating units. Reviews and/or establishes policies and procedures related to its accounting practices. Directs all fiscal activities such as accounting, budgets, audits, taxes, and the preparation of regulatory and government agency reports. Typically assumes responsibility for underwriting and actuarial functions. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position.

1053   2nd Level Finance Executive

Ensures financial policies and plans created by the Chief Financial Officer are being implemented effectively. May be responsible for providing direction for the following functions: accounting, tax, insurance, budget, credit and/or treasury functions. Typically reports to the Chief Financial Officer (CFO). (If incumbent is acting as Controller, please match to position 1060 - Controller. If incumbent is acting as the Treasurer, please match to position 1065 - Treasurer.)

1055   Top Regional Finance Executive

Responsible for the financial functions of regional operations. Reviews and/or establishes policies and procedures related to the organization's accounting practices within a region. Directs all regional fiscal activities such as accounting, budgets, audits, taxes, and the preparation of regulatory and government agency reports. Typically reports to Chief Financial Officer (CFO) or Regional Executive Officer - Health Plans.

Module 1 - Health Plan Executives Position Descriptions

[S] 1060   Controller

Responsible for the development, implementation, and maintenance of the accounting systems in order to control the organization's assets and provide complete and accurate financial information/records. Prepares reports for use by top management to appraise operating results in terms of costs, budgets, trends, etc. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position.

[S] 1065   Treasurer

Responsible for the direction and management of the treasury activities of the total organization. Ensures that financial transactions, policies, and procedures meet the organization's objectives, needs, and regulatory body requirements. Plans short-term financing; negotiates, administers, and repays loans; maintains cash management programs; conducts financial feasibility studies; and prepares annual financial reports. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position.

[S] 1070   Corporate Board Secretary

Responsible for preparing and maintaining official corporate records, notices, and actions as required by federal, state, and local jurisdictions and by other regulatory authorities. Specific responsibilities include preparation of board agenda information packages for board members, maintaining official corporate board and committee minutes, maintaining stockholder lists and relations with registrar and transfer agent, and responding to routine inquiries from security holders. May also include shareholder relations. Typically reports to a Top Legal Executive. Note: This is an officer position. Employee must possess a law degree. If employee is also Chief Legal Officer, report under Top Legal Executive. This is generally a single incumbent position.

[S] 1100   Top Legal Executive

Responsible for ensuring that corporate policies, procedures, programs, and contracts are in compliance with federal, state, and local laws and regulations. Provides advice and counsel on a variety of legal matters or problems involving the organization. Represents the organization to the courts and government agencies with regard to complex legal problems. Functions as a liaison with outside counsel regarding litigation affecting the organization and its operating units. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position.

1102   Deputy Legal Counsel

Reports directly to the Top Legal Executive and may perform the Top Legal Executive's duties in his/her absence. Assists with the development of legal policies and procedures. May have primary responsibility for a major legal function or department such as Corporate Tax, Intellectual Property, ERISA/Benefits, or other areas.

1103   Associate General Counsel

Responsible for a major legal specialization such as acquisitions and mergers, securities, anti-trust investigations, litigation, and taxation. Responsible for advising members within a specialized legal area or particular business activity and provides counsel in cases of litigation. Protects the organization's rights in contract negotiations, settlements, and litigation. Ensures compliance of laws and regulations. Advises management on recent changes in laws and regulations that affect the company. May direct activities of one or more General Attorneys. Typically reports to the Top Legal Executive.

[S] 1105   Top Compliance Officer

Responsible for the development, implementation, and enforcement of the compliance program. Consults on an ongoing basis on related issues with operations managers and executives. Ensures conformance with applicable laws, regulations, and accreditation standards. May or may not have a Law degree. Typically reports to Top Legal Executive. Note: This is generally a single incumbent position.

[S] 1107   Top Sarbanes-Oxley Executive

Responsible for establishing and maintaining an adequate internal control structure and procedures for financial reporting (Sarbanes-Oxley). Conducts a documented assessment of the effectiveness of the organization's internal controls and procedures for financial reporting. Monitors closure by the business area of all financial control gaps. Provides regular status reports to senior management and the Board. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position.

[S] 1110   Top Privacy Officer

Typically created as a response to the HIPAA Privacy Regulation, oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of--and access to--patient health information. Ensures compliance with federal and state laws and the healthcare organization's information privacy practices. Assists in the establishment and serves in a leadership role for an organization-wide Privacy Oversight Committee. Note: This is generally a single incumbent position.

[S] 1120   Chief Information Officer (CIO)

Responsible for the direction, planning, and controls of the information systems (IS) department's activities. Determines and develops strategies for long-term corporate-wide information needs, systems development, and hardware acquisition and integration. Acts to assure integrity of corporate data and proprietary information through information security and access management. Acts as highest interface with non-technical user functions in determining overall information systems approach. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position.

Module 1 - Health Plan Executives Position Descriptions

1121   2nd Level Information Systems Executive
Ensures information systems policies and plans created by the Chief Information Officer (CIO) are being implemented effectively. May be responsible for providing direction and oversight to various functions within the department or for a segment of the organization. May determine and develop strategies for long-term information needs, systems development, and hardware acquisition and integration. Typically reports to the Chief Information Officer (CIO) or segment executive management.

ˢ1125   Top Health Informatics Executive
Responsible for developing and managing the organization's capabilities in information systems and tools that are applied to medical information. Coordinates analytical support for organization's claims, utilization, and healthcare cost data, as well as data from a variety of healthcare delivery system sources in order to identify areas where cost and utilization need to be reduced. Responsible for medical management, including profiling, health economics, and business analytics/performance metrics; but, this is not a Information Systems (IS) position. Note: This is generally a single incumbent position.

ˢ1129   Top Marketing, Advertising, and Communications Executive
Responsible for planning, directing and coordinating at least two of the following functions: marketing, advertising or communication activities of the organization. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position.

ˢ1130   Top Marketing Executive
Responsible for planning, directing, and coordinating the marketing activities of the organization. Ensures that the organization's services and products are marketed according to objectives to achieve maximum utilization of healthcare services. Develops and adjusts marketing strategy and plans to meet changing markets and competitive conditions. Responsible for providing advice and guidance to various units regarding markets and marketing. Typically reports to President/Chief Executive Officer (CEO), Chief Operating Officer (COO), or Top Marketing, Advertising, and Communications Executive. Note: This is generally a single incumbent position.

ˢ1145   Top Product Development Executive
Responsible for the development of new products, product enhancements, and product redesign for an organization. Develops and implements the organization's product development policies, objectives, and initiatives. Typically reports to Top Marketing Executive. Note: This is generally a single incumbent position.

1147   Product Line/Regional Product Development Executive
Responsible for the development of new products, product enhancements, and product redesign for a product line or region. Develops and implements the product development policies, objectives, and initiatives for the product line or region. Typically reports to Top Product Executive.

ˢ1150   Top Public Relations Executive
Responsible for the direction and coordination of the organization's relationship with the public. Plans and directs system-wide programs to develop public awareness, knowledge, and interest in the organization as well as other operating entities. Manages media and other forms of communication to the public and employees to support the mission and goals of the organization. Represents the organization to the community and its patrons. Typically reports to the President/Chief Executive Officer (CEO) or Top Communications Executive. Note: This is generally a single incumbent position.

ˢ1155   Top Communications Executive
Responsible for all internal and external communication activities. Monitors tone and content of communications to ensure consistency and advancement of organization's philosophy and desirable image. Responsibilities may include press releases, public speaking, newsletters, marketing efforts, and miscellaneous publications. Typically reports to the President/Chief Executive Officer (CEO) or Top Marketing, Advertising, and Communications Executive. Note: This is generally a single incumbent position.

ˢ1170   Top Strategic Planning Executive
Assists the President/Chief Executive Officer (CEO) and other members of top management in establishing short- and long-term organizational objectives and strategic plans. Responsible for identifying organizational strengths and weaknesses. Assesses potential business opportunities. May conduct special studies in areas such as operational effectiveness, capacity utilization, and operating cost containment. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Financial Officer (CFO). Note: This is generally a single incumbent position.

ˢ1180   Top Government Relations Executive
Provides policy direction and coordinates efforts of pertinent operating units in matters involving state and federal governments. Maintains effective and cooperative working relationships with federal officials. Typically reports to the Top Legal Executive. Note: This is generally a single incumbent position.

ˢ1185   Top Public Policy Executive
Responsible for forming and analyzing the organization's policy on healthcare issues. Focuses on issues of business value to the organization related to the quality, access, and cost of healthcare, including legislative and regulatory initiatives. Serves as the organization's lead liaison on healthcare policy issues. Typically reports to the President/Chief Executive Officer (CEO) or Top Legal Counsel. Note: This is generally a single incumbent position.

C = Code Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 1 - Health Plan Executives Position Descriptions

[S]**1200   Top Quality Assurance Executive (MD)**
Responsible for directing the overall medical quality programs for an organization. Develops and implements medical quality policies, procedures, and projects. May be responsible for NCQA accreditation. This is not a "TQM" or "CQI" position. Requires a MD. Typically reports to Chief Medical Officer/Medical Director. Note: This is generally a single incumbent position.

[S]**1205   Top Quality Assurance Executive (non-MD)**
Responsible for directing the overall medical quality programs for an organization. Develops and implements medical quality policies, procedures, and projects. May be responsible for NCQA accreditation. This is not a "TQM" or "CQI" position. This is a non-MD position. Typically reports to Chief Medical Officer/Medical Director. Note: This is generally a single incumbent position.

1208   Top Regional Quality Management Executive
Responsible for directing the quality programs for regional operations. Develops and implements regional policies and procedures related to all medical quality protocols, including NCQA accreditation. Typically reports to Regional Executive Officer - Health Plans.

[S]**1220   Top Government Programs Executive**
Responsible for developing marketing strategies, product design, and pricing for benefits and products directed at government programs. Develops and maintains relationships with HCFA and other key stakeholders. Directs development and sale of products. Oversees development and management of provider networks. Directs and manages utilization management, quality assurance, and wellness projects to improve members' health. Typically reports to President/Chief Executive Officer (CEO) or Top Product/Service Line/Specialty Business Unit Executive. Note: This is generally a single incumbent position.

[S]**1230   Top Service Operations Executive**
Responsible for the management and coordination of the daily activities and all of the organization's operating units (e.g., claims processing, customer service, etc.). Assists in the development and administration of corporate goals, objectives, plans, and policies. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

1235   Top Regional Service Operations Executive
Responsible for one or more of the following functions at a regional level: claims processing, member service, membership enrollment and billing, and client administration. Typically reports to Regional Executive Officer - Health Plans, Top Product/Service Line/Specialty Business Unit Executive, or Top National Accounts Executive.

[S]**1237   Top Claims Processing Executive**
Responsible for the processing of insurance claims to meet operation, financial, and service requirements. Develops and executes strategic and operational business plans for claims processing. Typically reports to Top Service Operations Executive or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

[S]**1238   Top Member Service Executive**
Responsible for developing and implementing policies and procedures for member service, directing and coordinating member service activities, and monitoring quality of the process. Typically reports to Top Service Operations Executive or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

[S]**1239   Top Membership and Billing Executive**
Responsible for membership and billing operations. Develops and implements policies and procedures for enrollment processing, billing and reconciliation, new group implementation/conversions, group maintenance and benefit changes, settlement processing, and income reconciliation. Works with information systems to modify or upgrade technology support of membership and billing operations. Typically reports to Top Service Operations Executive or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

[S]**1240   Top Underwriting Executive**
Responsible for the establishment of premium rates for existing and prospective accounts. Responsible for the establishment and maintenance of accounts in accordance with the organization's goals, thereby impacting its solvency. Typically reports to the Chief Financial Officer (CFO) or Top Actuarial Executive. Note: This is generally a single incumbent position.

1242   2nd Level Underwriting Executive
Ensures pricing and underwriting practices and policies created by the Top Underwriting Executive are being implemented effectively. May be responsible for providing direction and oversight to various functions within the department or for a segment of the organization. Typically reports to Top Underwriting Executive or segment executive management.

1243   Top Regional Underwriting Executive
Responsible for regionally developing and implementing pricing and underwriting practices and policies to guarantee overall organization goals are met. Typically reports to Top Underwriting Executive or Regional Executive Officer - Health Plans.

Module 1 - Health Plan Executives Position Descriptions
1245   General Manager – Health Plan
Responsible for the development, operations, and results of a health plan. Establishes long-range goals, objectives, and plans; monitors financial and operational performance; and coordinates activities of senior managers and their respective functions. Represents the health plan externally and to governmental/external agencies. May report to the corporate President/Chief Executive Officer (CEO), Chief Operating Officer (COO), or Regional Executive Officer - Health Plans.

^s**1250   Top Provider Network Executive**
Responsible for the entire provider network function including network development, contracting, credentialing, provider relations, and provider services. Coordinates project management across departments. Ensures a comprehensive, cost-effective, and accessible provider network. Typically reports to President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

1255   Top Regional Provider Network Executive
Responsible for the regional development and management of a provider network, which may include network development, contracting, credentialing, provider relations, and provider services. May also be responsible for providing policy administration for provider networks and ensuring contractual compliance with government regulations. Typically reports to Regional Executive Officer - Health Plans or Top Provider Network Executive.

^s**1260   Top Sales and Marketing Executive**
Responsible for development, implementation, and administration of sales and marketing programs. Develops new markets, recommends improvements in products and services, directs and manages sales and marketing functions and staff, and develops sales strategies to meet operating and financial goals. Typically reports to President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

1263   Top Regional Sales/Marketing Executive
Responsible for development, implementation, and administration of regional sales and/or marketing programs. Develops regional sales strategies to meet operating and financial goals and directs and manages regional sales and/or marketing functions and staff. Typically reports to Typically reports to Regional Executive Officer - Health Plans, Top Sales Executive, or Top Marketing Executive.

1264   Top Product/Service Line/Specialty Business Unit Sales/Mktg Executive
Responsible for development, implementation, and administration of sales and/or marketing programs for a product/service line/specialty business unit. Develops new markets, recommends improvements in products and services, directs and manages sales and marketing functions and staff, and develops sales strategies to meet operating and financial goals for a product/service line/specialty business unit. Typically reports to Top Sales and Marketing Executive.

^s**1265   Top Sales Executive**
Responsible for developing and implementing sales strategies for the entire sales function. Oversees the activities of the field sales force and develops overall membership and revenue growth targets for dissemination throughout the sales function. Typically has ten or more years of experience in group health sales. Typically reports to Top Product/Service Line/Specialty Business Unit Executive, Top Sales and Marketing Executive, or Top Marketing Executive. Note: This is generally a single incumbent position.

^s**1266   Top National Accounts Executive**
Responsible for directing and coordinating all national accounts. Develops and implements sales strategies to achieve revenue targets and service goals for the largest and most complex accounts in the organization. Typically reports to President/Chief Executive Officer (CEO) or Top Sales and Marketing Executive. Note: This is generally a single incumbent position.

1267   Top Regional National Accounts Executive
Responsible for directing and coordinating a region within national accounts. Develops and implements regional sales strategies to achieve revenue targets and service goals for the largest and most complex accounts in the organization. Directs a regional group of account executives. Typically reports to Top Sales Executive or Top National Accounts Executive.

^s**1270   Top Actuarial Executive**
Responsible for developing the organization's premium rate structure through regular and systematic analysis and forecasting of financial/statistical data which is actuarially sound, competitive in the marketplace, and provides income in accordance with organizational goals and objectives. Directs the preparation of rate and formula filing to the State Insurance Department and participates in public hearings concerning such matters as required. Typically reports to Chief Financial Officer (CFO). Note: This is generally a single incumbent position.

1275   2nd Level Actuarial Executive
Ensures actuarial practices and policies created by the Top Actuarial Executive are being implemented effectively. Ensures the development of the premium rate structure through regular and systematic analysis and forecasting of financial/statistical data. May be responsible for providing direction and oversight to various functions within the department or for a segment of the organization. Typically reports to Top Actuarial Executive or segment executive management.

Module 1 - Health Plan Executives Position Descriptions

^S1285   Top Dental Executive

Responsible for the operations, growth, and financial performance of the dental segment of the organization. May also be responsible for the sales and marketing, claims, and product development for the dental segment. Typically reports to Product/Service Line/Specialty Business Unit Executive or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

^S1290   Top Provider Network Contracting Executive

Responsible for the overall contracting of a provider network for the organization. Ensures that the organization's policies for drafting contracts, conducting negotiations, and administering provider agreements are followed. May also be responsible for contractual compliance with government regulations. Typically reports to Top Provider Networks Executive, Chief Finance Officer (CFO), or Chief Operating Executive (COO). Note: This is generally a single incumbent position.

1292   Top Regional Provider Network Contracting Executive

Responsible for the regional contracting of a provider network. Ensures that the organization's policies for drafting contracts, conducting negotiations, and administering provider agreements are followed. May also be responsible for contractual compliance with government regulations. Typically reports to Top Provider Networks Executive or Top Provider Network Contracting Executive.

^S1305   Top Behavioral Health Executive

Responsible for the operating results and growth of the behavioral care services organization. Develops strategic plans, goals, and objectives. Ensures implementation of utilization management systems and programs, increases membership through effective management of the sales and marketing workforce, and ensures operational effectiveness and quality. Manages relationships with behavioral care providers. Top Product/Service Line/Specialty Business Unit Executive. Note: This is generally a single incumbent position.

^S1307   Medical Director of Behavioral Health

Responsible for the oversight of the entire behavioral care management group. Develops procedures, processes, productivity targets, and new delivery models. Maintains efficient operations while ensuring attainment of quality of care and financial goals. Provides information for pricing guidelines based on utilization patterns and client demographics. Maintains productive relationships between clients and providers. Typically reports to the Top Behavioral Health Executive or Chief Medical Officer/Medical Director. Note: This is generally a single incumbent position.

^S1320   Chief Medical Officer/Medical Director

Responsible for strategic medical affairs issues including developing physician networks, joint ventures, and physician relationships; recruiting physicians and physician groups; establishing fee for service management services; and establishing and implementing standards and policies to ensure the quality of the medical care provided to patients. Provides advice and counsel to corporate administrators on medical and administrative matters. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

1321   Regional Medical Director

Directs the medical policy for a region. Establishes and implements policies and standards, evaluates new treatments, and conducts medical research to ensure the quality of the medical care provided to patients for a region. Directs the activities of appropriate staff. Typically reports to Chief Medical Officer/Medical Director or Regional Executive Officer - Health Plans.

1322   Medical Director - Single-Market Health Plan

Directs the medical policy for a single-market health plan. Establishes and implements policies and standards, evaluates new treatments, and conducts medical research to ensure the quality of the medical care provided to patients for a single-market health plan. May assist in sales presentations. Typically reports to Chief Medical Officer/Medical Director or Regional Executive Officer - Health Plans.

1323   Medical Director - Specialty Business Unit

Directs the medical policy for a specialty business unit. Establishes and implements policies and standards, evaluates new treatments, and conducts medical research to ensure the quality of the medical care provided to patients for a specialty business unit. May assist in sales presentations. Chief Medical Officer/Medical Director or Top Product/Service Line/Specialty Business Unit Executive.

1331   Associate Medical Director

Assists the senior medical director with medical policy. Establishes and implements policies and standards, evaluates new treatments, and conducts medical research to ensure the quality of the medical care provided to patients. Typically reports to the Regional Medical Director or Medical Director - Single-Market Health Plan.

^N1332   Top Medical Management Strategy & Operations Executive

Responsible for the development and implementation of the case management model and call center strategies across the enterprise. Oversees enterprise-wide medical management system, ensures local approaches are coordinated with and complimentary to health care management programs and provider contracting strategies, and manages external vendors and external vendor strategy. May require an MD. Frequently reports to the Chief Medical Officer. Note: This is generally a single incumbent position.

Module 1 - Health Plan Executives Position Descriptions

$1335   Top Pharmacy Executive
Responsible for developing and maintaining strategies to manage pharmaceuticals that produce the best outcomes at the lowest cost. Develops strategies for managing and measuring appropriate pharmacy utilization, negotiates and monitors contracts with outside vendors, contributes to building physician incentive programs aimed at increasing pharmaceutical usage, and stays abreast of pharmacy and payer industry changes. May have a Doctor of Pharmacy degree. Typically reports to the Chief Medical Officer/Medical Director. Note: This is generally a single incumbent position.

$1338   Top Pharmacy Benefits Management (PBM) Executive
Responsible for developing and managing the pharmacy benefit management (PBM) business unit within the organization. Develops and implements marketing plans, budgets, objectives, and policies and procedures for pharmacy benefit management business. Directs the activities of appropriate staff. May also be responsible for the operations of mail-order pharmacy centers. Typically reports to the Top Product/Service Line/Specialty Business Unit Executive or the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position.

$1340   Top Medicare Operations Executive
Responsible for developing and implementing the vision for serving the Medicare market. Accountable for product performance, compliance, and operations through the direct oversight of product development and management, medical management, sales and marketing, member services, operations, claims processing and provider service. Ensures administrative spending and financial risks are managed against regulatory compliance and contractual obligations. Typically reports to Product/Service Line/Specialty Business Unit Executive or Chief Operating Officer (COO). Note: This is generally a single incumbent position.

1360   Top Product/Service Line/Specialty Business Unit Executive
Responsible for developing and managing a product/service line/specialty business unit within the organization. Develops and implements marketing plans, budgets, objectives, and policies and procedures for the product/service line/specialty business. Directs the activities of appropriate staff. Typically reports to Top Multiple Product/Service Lines/Specialty Business Units Exec or Chief Financial Officer (CFO).

1365   Top Multiple Product/Service Lines/Specialty Business Units Exec
Responsible for developing and managing two or more product/service lines/specialty business units within the organization. Develops and implements marketing plans, budgets, objectives, and policies and procedures for the product/service lines. Directs the activities of appropriate staff. Typically reports to President/Chief Executive Officer (CEO).

$1400   Top E-business Executive
Responsible for all e-business initiatives. Develops the business model for e-commerce activities that maximize technological capabilities and create new products and services. Generates and develops new business opportunities consistent with e-business strategy. Partners with the business and technology departments to establish and lead a program governance and management structure, create strategic business and technology alliances and plans, and create and launch e-products that further those plans. Typically reports to Chief Information Officer (CIO). Note: This is generally a single incumbent position.

1415   E-business Program Manager
Responsible for working with business and technology departments to develop all e-business project plans. Oversees, coordinates, and directs project teams within assigned customer/product area. Responsible for establishing the tools and metrics to report and track all e-business projects. Ensures that projects are integrated and coordinated across other e-business initiatives. Actively measures projects' business impact, such as process and workflow, organization, tools, communications, etc. Ensures e-business strategy and its policies and practices are aligned with the organization's overall business strategy and direction. Typically reports to Top E-business Executive.

$1500   Top Philanthropy Executive
Responsible for developing and implementing a strategic approach to the company's philanthropic activities and managing company foundations and corporate contributions budget. Provides strategic and tactical leadership to build, manage, and protect the company's reputation. Typically requires BS/BA in community and public relations or related field. Typically reports to President/Chief Executive Officer (CEO) or Top Marketing Executive. Note: This is generally a single incumbent position.

$1600   Top Human Resources Executive
Responsible for the overall strategic planning and administration of the human resources function across the organization. Develops and maintains a human resources information system, formulates human resources policies, recruits executive level personnel, and monitors overall compliance with government regulations. Creates objectives for organization-wide plans such as compensation and benefits, organizational development, training, labor relations and diversity. Typically reports to the President/Chief Executive Officer (CEO), Chief Operating Officer (COO), or Top Administrative Services Executive. Note: This is generally a single incumbent position.

1603   2nd Level Human Resources Executive
Ensures the strategic planning and administration of the human resources and practices and policies created by the Top Human Resources Executive are being implemented effectively. May be responsible for providing direction and oversight to various functions such as compensation, organizational development, recruiting, training, labor relations and diversity within the department or for a segment of the organization. Typically reports to Top Human Resources Executive or segment executive management.

Module 1 - Health Plan Executives Position Descriptions
1605   Top Regional Human Resources Executive
Responsible for the planning and administration of a region's human resource function. Formulates regional human resource policies and monitors compliance with government regulations. Responsible for implementing the objectives for organization-wide plans such as compensation and benefits, organizational development, training and recruiting, labor relations and diversity. Typically reports to the Top Human Resources Executive or Regional Executive Officer-Health Plans.

^s**1610   Top Organizational Development/Learning Executive**
Responsible for the strategic direction of programs to meet the training, development, and talent management needs of the organization. Typically reports to Top Human Resources Executive. Note: This is generally a single incumbent position.

^s**1615   Top Compensation and Benefits Executive**
Responsible for the design, implementation, and administration of all compensation and benefits programs for all employees. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position.

^s**1620   Top Compensation Executive**
Directs the planning, administration, and implementation of job evaluation, performance appraisal, and wage and salary management programs for the organization. Plans and administers all incentive programs within the guidelines of established policies. Manages the conduct or participation in wage and salary surveys and recommends changes to ensure the maintenance of the organization's compensation objectives and competitive position in the marketplace. May have overall responsibility for implementing stock option plans and other executive compensation long-term incentive plans. Typically reports to a Top Human Resources Executive. Note: This is generally a single incumbent position.

^s**1625   Top Benefits Executive**
This is the top benefits position with responsibility for the planning and administration of the various employee benefit programs, including, but not limited to, life, health, and disability insurance, as well as pension, profit-sharing, and related retirement programs. Recommends new and/or improved employee benefit plans and cost-saving measures. Ensures compliance with all legal requirements of various employee benefit programs and prepares and files required legal reports. Usually responsible for HRIS systems and for selection and supervision of benefits consultants, brokers, trustees, and necessary legal assistants. Typically reports to a Top Human Resources Executive. Note: This is generally a single incumbent position.

^s**1800   Top Internal Audit Executive**
Responsible for planning, developing, recommending, and monitoring procedures and systems to be used in internal auditing throughout the organization. Also, responsible for the supervision of the audit staff. May be responsible for managing audits of joint ventures, partnerships, and subsidiaries. Typically reports functionally to the Board of Directors and administratively to the Chief Financial Officer (CFO) or the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position.

Position Incumbent Information

Before completing the *Position Incumbent Information* tab, please take time to review the position descriptions.

- **Do not report average data for any position.**

- **Do not match the same incumbents to more than one survey position**, either within the same module or across multiple modules.

- Definitions of the variables and instructions for submitting data are provided below. **Note:** *Compensation data that you report should be current as of* **April 1, 2010**.

Facility ID - If you are a fully integrated system, enter the facility ID indicating the entity for which each incumbent is responsible, which corresponds to the Facility ID reported on the Participating Organization Summary.

Position Code - Enter the position code to identify each position being reported. Please refer to the position list provided on pages 23-25 of this guide.

Incumbent Identifier - Submit a unique identifier specific to your organization for each incumbent reported. The number must be unique for each incumbent and preferably consistent from year to year. Using unique incumbent identifiers consistently from year to year better identifies trends. It may be alphanumeric up to nine characters. Please do not submit Social Security numbers or employee names. Do not include dashes or other formatting.

Your Organization's Position Title - Enter your organization's title for this position.

Reports To Position Title - Enter the title of the person to whom this position typically reports.

Your Organization's Position Code - For your reference and to facilitate imports/exports from your HRIS, enter your organization's position code for this position.

Zip Code of Incumbent's Workplace - Enter the five-digit zip code that corresponds to the incumbent's work location. Please ensure that codes beginning with "0" are reported as such.

Exempt - Enter a "1" for Yes or "2" for No to indicate if the position is exempt under the Fair Labor Standards Act (FLSA).

Underwriting Market Responsibility - Indicate whether the market for which the incumbent is responsible is considered a small, medium/large, national, or specialty market. *This item is collected for positions 2450, 2455, 2460, 2463, and 2465.*
1 - Small - approximately 2 - 50 members
2 - Medium/Large - approximately 51 - 3000 members
4 - National - 3001+ members, multi-state
5 - Specialty Market - specialty line (e.g., dental, vision, behavioral health, etc.)

Position Match - Identify how closely the responsibilities of your organization's position correspond to those of the position description. Use the position match code:
1 - Your position has *less responsibility* than the position description.
2 - Your position *closely matches the responsibilities* of the position description.
3 - Your position has *greater responsibilities* than the position description.

Annual Base Pay - Enter the annual base pay of the incumbent effective as of April 1, 2010. **Do not** report average pay. **Do not** include part-time incumbents or contracted staff from outside sources. Report the data in annual, whole dollars (e.g., $32,500).

Annual Range Minimum and Maximum - A traditional pay structure has a minimum, midpoint, and maximum with a range spread of approximately 50% - 100%. If a traditional pay structure is used to manage pay for this position, then enter the minimum and maximum of the range for this position. **Do not** enter Broadband range information.

Short-term Incentive (STI) Eligible - This refers to participation in an incentive plan with awards related to performance against selected criteria over a period of one year or less (e.g., an annual incentive plan or a project milestone bonus program).
1 - Yes
2 - No

Annual STI Threshold Percent (as Percent of Base) - Minimum incentive payout based on minimum performance requirements as a percent of base pay. **Note**: If your threshold is 5% please enter "5", not ".05".

Annual STI Target Percent (as Percent of Base) - If the position is eligible for a short-term incentive, enter the annual target percent as a percent of base pay based on the design elements of the plan. The target percent should reflect the payout if all goals for the year are met. If the target percent has changed from the prior year, enter the target percent that corresponds to the incentive amount to be reported for incumbents in the position. **Note:** If your target is 5% please enter "5", not ".05".

Annual STI Maximum Percent (as Percent of Base) - Indicate the maximum annual cash incentive, as a percent of base pay, for the position. **Note**: If your maximum is 5% please enter "5", not ".05".

Position Incumbent Information

Annual Short-term Incentive (STI) Amount - Enter the amount of incentive earned (but not necessarily paid out) in the most recently completed twelve-month incentive performance period. Exclude any non-performance-based incentives such as holiday bonuses, sign-on bonuses, retention bonuses, or mandatory deferred compensation payments. Profit sharing awards should be included in this category unless they are deferred for retirement benefit. If the incumbent was eligible for an incentive, but no incentive was given, enter "0." **Do not** report this information if the incumbent is not incentive eligible. Please see short-term incentive eligible for further definition. Report the incentive amount in annual whole dollars. If an incumbent receives a prorated amount please annualize. If it is not possible to provide an annual amount this field should be left blank. Short-term incentive amount should be at least $100 if annualized.

STI Status for Non-Receivers - Use the following codes to identify the STI amount status for each incumbent who is eligible for a payout and either a zero or a blank was reported:
1 - Performance Goals not achieved
2 - New employee
3 - Payout amount not available
4 - Plan design change
5 - Other

Long-term Incentive (LTI) Eligible - Enter a "1" for Yes or "2" for No to indicate whether this incumbent is eligible for a long-term incentive. This refers to an incentive plan in which awards are typically related to performance against selected criteria over a period of more than one year. **Note:** If yes, please be sure to provide data for long-term incentive plan types offered and awarded.

LTI Plan Types Offered - Indicate which long-term incentive plan(s) are offered to this incumbent. Please insert a comma, without spaces between numbers, if multiple plans are offered (e.g., 11,21,32). A description about each of the plans follows:
11 - Stock/Share Options
12 - Share Appreciation Rights (SARs)
21 - Stock/Share/Share Unit Awards
31 - Performance Units
32 - Long-term Cash

Stock/Share Options - Stock/Share Options allow for the purchase of stock at a fixed price over a specified period. The exercise price is typically equal to the market price on the date of grant, but may be less than or greater than the market price on the date of grant.

Share Appreciation Rights (SARs) - Share Appreciation Rights provide an incumbent with the appreciation in market value of the share. They may be paid out in cash, stock, or a combination of cash and stock. No investment on the part of the incumbent is required. Share Appreciation Rights include Phantom Appreciation Shares. Phantom Appreciation Shares are an award denominated in hypothetical shares, the value of which is based on an increase in actual share value or another measure of organization value (e.g., book value). There are three types of Share Appreciation Rights:

Freestanding - SAR grant that is not attached to a stock option.
Limited - SAR that is exercisable only upon the occurrence of a specific event such as a change of control.
Tandem - SAR that is granted with a stock option. The exercise of one cancels the other.

Stock/Share/Share Unit Awards - Conditional grants of notional, actual or phantom shares of stock with vesting contingent upon employment for a specified period of time or achievement of specified performance goals over a multi-year performance period. The value of each share depends upon the market value of the share at the end of the vesting period. Share Awards include those that are commonly referred to as Restricted Stock, Restricted Stock Units, Performance Shares, Performance Share Units, or Phantom Full Value Shares.

Performance Units - Conditional grant denominated in units other than notional or actual shares, with payment contingent upon achievement of specified performance goals over a multi-year performance period. Performance Units are cash-denominated and not tied to the price of a share of stock. Although units are usually dollar-denominated, their value may also be based on other constructs, such as dividends or EPS (Earnings Per Share). Where the value of each unit is equal to $1.00, the incentive type is also known as "Long-term Cash."

Long-term Cash - A predetermined cash amount paid out contingent upon achievement of specified performance goals over a multi-year performance period.

Stock/Share Ownership Guidelines - Enter a "1" for Yes or "2" for No to indicate if there are stock/share ownership guidelines for this incumbent (i.e., formal guideline requiring individuals in a position to own a minimum number of shares of organization stock). This field should only be completed if the incumbent is LTI Eligible.

Module 2 - Health Plan Operations Position List by Family

Operations

Claims Processing
2000	Director, Claims Processing
2005	Manager, Claims Processing
2010	Supervisor, Claims Processing
2011	Claims Processor - Senior
2012	Claims Processor - Intermediate
2013	Claims Processor - Associate

Claims Quality Assurance/Audit
2060	Director, Claims - Quality Audit
2065	Manager, Claims - Quality Audit
2070	Claims Quality Auditor - Senior
2071	Claims Quality Auditor - Intermediate
2072	Claims Quality Auditor - Associate
2080	Customer Service Quality Assurance Audit - Senior
2081	Customer Service Quality Assurance Audit - Associate

Member Services
2015	Director, Member Service
2020	Manager, Member Service
2025	Supervisor, Member Service
2026	Member Service Representative - Senior
2027	Member Service Representative - Intermediate
2028	Member Service Representative - Associate

Grievance and Appeals
2945	Manager, Grievance & Appeals
[D]2950	Grievance & Appeal Nurse
2955	Grievance & Appeals Specialist

Membership Enrollment & Billing
2030	Director, Membership Enrollment and Billing
2035	Manager, Membership Enrollment and Billing
2040	Supervisor, Membership Enrollment and Billing
2041	Enrollment Representative - Senior
2042	Enrollment Representative - Intermediate
2043	Enrollment Representative - Associate
2044	Enrollment and Billing Representative - Senior
2045	Enrollment and Billing Representative - Intermediate
2046	Enrollment and Billing Representative - Associate
2047	Premium Billing Analyst - Senior
2048	Premium Billing Analyst - Intermediate
2049	Premium Billing Analyst - Associate

Service Operations
2050	Senior Director, Service Operations
2051	Director, Service Operations
2053	Manager, Service Operations
2055	Supervisor, Service Operations
2056	Service Representative - Senior
2057	Service Representative – Associate
[N]2059	Intake/Referral Representative

Account Installation
2180	Account Installation Specialist - Senior
2182	Account Installation Specialist - Associate

Client Services
2185	Manager, Client Services
2186	Client Services Representative - Senior
2188	Client Services Representative - Associate

Subrogation/OPL
2090	Supervisor, Subrogation/Other Party Liability (OPL)
2095	Subrogation/Other Party Liability (OPL) Specialist - Senior
2096	Subrogation/Other Party Liability (OPL) Specialist - Associate
2097	Coordination of Benefits Representative

Disability and Workers' Compensation
2910	Manager, Disability/Workers' Compensation Claims
2925	Disability/Workers' Compensation Claims Specialist
2940	Disability/Workers' Compensation Nurse Case Manager

Process Improvement
2960	Business Consultant - Senior
2965	Business Consultant - Associate
[N]2970	RN Nurse Consultant - Senior
[N]2973	RN Nurse Consultant - Associate

Medical Management

Health Services
2100	Director, Health Services
2105	Manager, Health Services

Clinical Programs
2110	Director, Clinical Programs

Case Management
2115	Director, Case Management
2120	Manager, Case Management
2125	Case Manager - Senior
2128	Case Manager - Intermediate
2130	Case Manager - Associate
2135	Disease Case Management Consultant
2145	Nurse Practitioner - Case Management
[D]2147	Wellness Coach
2148	Social Worker (LCSW)
2149	Social Worker

Health Data Analysis
2150	Director, Health Data Analysis
2155	Manager, Health Data Analysis
2160	Health Data Analyst - Senior
2165	Health Data Analyst - Associate
2170	Bio-statistician

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Module 2 - Health Plan Operations Position List by Family

Operations

Utilization and Medical Claims Review
[N]2200   Clinical Administration Nurse
2205   Administrative Director of Utilization Review (non-MD)
2210   Manager, Utilization Review
2215   Manager, Medical Claims Review
[D]2220   RN Medical Management - Senior
[N]2223   RN Medical Management – Intermediate
2225   RN Medical Management - Associate
2230   LPN, Medical Management
2231   Utilization Management Representative (non-RN)
2233   Dental Analyst
2237   Transplant Review Specialist

Quality Management
2245   Administrative Director of Quality Management (non-MD)
2250   Manager, Quality Management
2255   Quality Management Analyst - Senior
2260   Quality Management Analyst - Associate
2265   Training and Quality Nurse Specialist
[N]2267   Clinical Quality Management Nurse - Senior
[T]2268   Clinical Quality Management Nurse

Medical Policy
2580   Manager, Medical Policy Management Operations
2625   Medical Policy Coordinator

Fraud Prevention/Investigation
2240   Director, Special Investigations Unit
2242   Contract Compliance Representative
2270   Fraud Investigator - Senior
2275   Fraud Analyst/Investigator - Associate

Health Promotion/Education
2280   Director, Health Promotion/Education
2285   Manager, Health Promotion/Education
2290   Health Promotion/Education Specialist - Senior
2295   Health Promotion/Education Specialist - Associate

Behavioral Health
2300   Director, Case Management - Behavioral Health
2305   Manager/Supervisor, Case Management - Behavioral Health
2310   Case Manager - Behavioral Health - Senior
2315   Case Manager - Behavioral Health - Associate
2320   Quality Improvement Coordinator - Behavioral Health
2330   Supervisor Intake - Behavioral Health
2335   Intake Coordinator - Behavioral Health

Actuarial Services
2400   Director, Actuarial Services
2405   Manager, Actuarial Services
[T]2410   Senior Actuarial Consultant (FSA)
[N]2413   Actuarial Consultant (ASA+)
[T]2415   Actuarial Analyst (ASA)
[N]2418   Actuarial Analyst – Senior
[B]2420   Actuarial Analyst – Intermediate
[N]2422   Actuarial Analyst – Associate

Auditing
2241   Provider Auditor
2243   Nurse Quality Auditor

Underwriting
Medical Underwriting
2430   Director, Medical Underwriting
2435   Manager, Medical Underwriting
2440   Medical Underwriter - Senior
2445   Medical Underwriter - Associate

Group Underwriting
2450   Director, Group Underwriting
2455   Manager, Group Underwriting
2460   Group Underwriter - Senior
2463   Group Underwriter - Intermediate
2465   Group Underwriter - Associate

Pricing
2470   Rating/Pricing Analyst - Senior
2475   Rating/Pricing Analyst - Associate

Reporting
2975   Reporting Analyst (non-IT)

Risk Management
2479   Director, Risk Management
2480   Manager, Risk Management
2485   Risk Management Consultant
2490   Risk Management Analyst

Compliance
2600   Director, Compliance
2605   Manager, Compliance
2610   Compliance Specialist - Senior
2615   Compliance Specialist - Associate

Privacy
2620   HIPAA Compliance Coordinator

Provider Network
Multi-function
2500   Director, Provider Network Management
2505   Manager, Provider Network Management

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Module 2 - Health Plan Operations Position List by Family

Contracting

2520	Director, Contracting
2525	Manager, Contracting
2530	Contracting Specialist - Senior
2535	Contracting Specialist - Associate
2538	Hospital Contracting Specialist

Credentialing

2540	Manager, Credentialing
2545	Supervisor, Credentialing
2550	Credentialing Specialist - Senior
2555	Credentialing Specialist - Associate

Provider Installation

2556	Director, Provider Installation
2557	Manager, Provider Installation
2558	Supervisor, Provider Installation
2559	Provider Installation Analyst

Provider Network

Provider Relations

2560	Director, Provider Relations
2565	Manager, Provider Relations
[N]2568	Provider Relations Representative – Hospital
2570	Provider Relations Representative - Senior
2575	Provider Relations Representative - Associate

Provider Service

2190	Director, Provider Service
2191	Manager, Provider Service
2192	Supervisor, Provider Service
2193	Provider Service Representative - Senior
2194	Provider Service Representative - Intermediate
2195	Provider Service Representative - Associate

Provider Network Database

2585	Manager, Provider Network Reimbursement Programs
2590	Manager, Provider Network (Database Management)
2595	Provider Network Maintenance Specialist - Senior
2597	Provider Network Maintenance Specialist - Associate

Benefit Plan Database

2591	Manager, Benefit Plan Systems
2592	Benefit Plan Systems Analyst
2593	Benefit Plan Coding Compliance Specialist

Specialty Services

Medicare/Medicaid

2700	Director, Medicare/Medicaid Programs
2705	Manager, Medicare/Medicaid Programs
2730	Manager, Medicare Operations

Nurse Call Center Services

2800	Manager, Nurse Call Center
2805	Supervisor, Nurse Call Center
2815	Call Center Nurse (RN)

EAP Services

2830	Director, Employee Assistance Program (EAP)
2835	Manager/Supervisor, Employee Assistance Program (EAP)
2845	Employee Assistance Program (EAP) Counselor

Pharmacy Services

2850	Director, Pharmacy
2852	Director, Mail-Order Pharmacy Center
2853	Manager, Pharmacy
2855	Clinical Pharmacist Consultant
2858	Director, Pharmaceutical Contracting

BlueCross BlueShield Interplan

2860	BCBS Interplan Financial Manager
2865	BCBS Interplan Analyst

Program Management

2870	Program Manager - Senior
2872	Program Manager - Associate
[N]2873	Program Manager - Associate

Project Management

2875	Project Manager - Senior
2880	Project Manager - Associate

Provider Network Connectivity (EDI)

2885	Provider Network Connectivity (EDI) Manager
2890	Provider Network Connectivity (EDI) Analyst - Senior
2895	Provider Network Connectivity (EDI) Analyst - Associate

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Module 2 - Health Plan Operations Position Descriptions

2000   Director, Claims Processing
Directs the processing of insurance claims to meet operation, financial, and service requirements. Develops and executes strategic and operational business plans for the department. Coordinates department operations and modifications with other areas of the organization. Typically holds a Bachelor's degree in business administration and has seven or more years of experience in claims processing with three to five years of management experience. Normally reports to the Top Claims Processing Executive.

2005   Manager, Claims Processing
Responsible for the operations of one or more claims processing units, including timely and proper adjudication of claims in accordance with contractual benefits. Also, provides training, direction, and support of predominately nonexempt staff. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in business administration and has six or more years of experience in claims processing with two to three years of supervisory experience. Normally reports to the Director, Claims Processing.

2010   Supervisor, Claims Processing
Supervises the accurate and timely adjudication of claims and administers disposition according to contractual benefits and company procedures. Provides technical support to claims processors. Typically is a high school graduate and has five or more years of experience in claims processing. Normally reports to the Director or Manager, Claims Processing.

2011   Claims Processor - Senior
Under general direction, reviews and adjudicates complex/specialty paper/electronic claims. Determines whether to return, deny, or pay claims following organizational policies and procedures. May provide guidance or expertise to less experienced claims processors. Typically has five or more years of experience in processing and adjudicating claims.

2012   Claims Processor - Intermediate
Under general supervision, reviews and adjudicates complex/specialty paper/electronic claims. Determines whether to return, deny, or pay claims following organizational policies and procedures. Typically has three to five years of experience in processing and adjudicating claims.

2013   Claims Processor - Associate
Under direct supervision, reviews and adjudicates paper/electronic claims. Determines whether to return, deny, or pay claims following organizational policies and procedures. Typically has less than three years of experience in processing and adjudicating claims.

2015   Director, Member Service
Responsible for the department that responds to member inquiries. Develops and implements policies and procedures. Responsible for compliance with member service procedures. Typically holds a Bachelor's degree and has seven or more years of experience with three to five years of management experience. Normally reports to the Top Member Service Executive.

2020   Manager, Member Service
Responsible for the daily operations of the department which responds to inquiries by the members of the health plan. Directs staff on proper member service procedures and monitors service levels. Analyzes causes of member inquiries. Responsible for hiring, training, and firing of staff. Typically holds a Bachelor's degree and has six or more years of experience with two to three years of supervisory experience. Normally reports to the Director, Member Service.

2025   Supervisor, Member Service
Supervises a unit which responds to member inquiries. Conducts research to determine inquiry causes and reports problem areas to appropriate management. Provides expertise and guidance to member service representatives. Typically is a high school graduate and has five or more years of experience. Normally reports to the Director or Manager, Member Service.

2026   Member Service Representative - Senior
Under general direction, provides customer service to plan members by answering complex benefit questions, resolving issues, and educating members. Receives telephone, internet, and written inquiries from members regarding covered benefits. May provide guidance or expertise to less experienced representatives. Typically has five or more years of customer service experience.

2027   Member Service Representative - Intermediate
Under general supervision, provides customer service to plan members by answering complex benefit questions, resolving issues, and educating members. Receives telephone, internet, and written inquiries from members regarding covered benefits. Typically has three to five years of customer service experience.

2028   Member Service Representative - Associate
Under general supervision, provides customer service to plan members by answering complex benefit questions, resolving issues, and educating members. Receives telephone, internet, and written inquiries from members regarding covered benefits. Typically has less than three years of customer service experience.

Module 2 - Health Plan Operations Position Descriptions

2030   Director, Membership Enrollment and Billing
Responsible for the operations and processes for member enrollment and billing. Develops and monitors enrollment and billing policies and procedures. Ensures process efficiency and service quality. May take a leadership role in addressing broad, complex enrollment and billing issues. Typically holds a Bachelor's degree and has seven or more years of experience in membership enrollment and billing with three to five of management experience.

2035   Manager, Membership Enrollment and Billing
Responsible for the preparing, processing, and maintenance of enrollment and billing information for new and current members. May be responsible for or assist in addressing broad, complex enrollment and billing issues. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree and has six or more years of experience in membership enrollment and billing with two to three years of supervisory experience. Normally reports to the Director, Membership Enrollment and Billing.

2040   Supervisor, Membership Enrollment and Billing
Supervises the preparing, processing, and maintenance of enrollment and billing information for new and current members. Provides technical support to enrollment and billing staff. Typically is a high school graduate and has five or more years of experience in enrollment and billing. Normally reports to the Director or Manager, Membership Enrollment and Billing.

2041   Enrollment Representative - Senior
Under general direction, responds to incoming calls and may initiate outgoing calls. Verifies enrollment status, makes changes to records, addresses a variety of enrollment questions or concerns, and maintains enrollment databases. May provide guidance or expertise to less experienced representatives. Typically requires five or more years of enrollment experience.

2042   Enrollment Representative - Intermediate
Under general supervision, responds to incoming calls and may initiate outgoing calls. Verifies enrollment status, makes changes to records, addresses a variety of enrollment questions or concerns, and maintains enrollment databases. Typically requires three to five years of enrollment experience.

2043   Enrollment Representative - Associate
Under direct supervision, responds to incoming calls and may initiate outgoing calls. Verifies enrollment status, makes changes to records, addresses a variety of enrollment questions or concerns, and maintains enrollment databases. Typically has less than three years of enrollment experience.

2044   Enrollment and Billing Representative - Senior
Under general direction, responsible for enrollment and billing activities for the membership, enrollment & billing department. Typically requires five or more years of enrollment and/or billing experience.

2045   Enrollment and Billing Representative - Intermediate
Under general supervision, responsible for enrollment and billing activities for the membership, enrollment & billing department. Typically requires three to five years of enrollment and/or billing experience.

2046   Enrollment and Billing Representative - Associate
Under direct supervision, responsible for enrollment and billing activities for the membership, enrollment & billing department. Typically has less than three years of enrollment and/or billing experience.

2047   Premium Billing Analyst - Senior
Under general direction, responsible for complex group insurance customer billing, accounts receivable, and commission payments; provides service to customers regarding types of payments; reconciles complex accounts; handles collections, lapses, and reinstatements; and provides service to brokers and sales personnel regarding commissions. Analyzes and reports financial information to policyholders, agents, brokers, underwriters, and customers. May provide guidance or expertise to less experienced representatives. Typically requires five or more years of customer billing and accounts receivable experience.

2048   Premium Billing Analyst - Intermediate
Under general supervision, responsible for complex group insurance customer billing, accounts receivable, and commission payments; provides service to customers regarding types of payments; reconciles complex accounts; handles collections, lapses, and reinstatements; and provides service to brokers and sales personnel regarding commissions. Analyzes and reports financial information to policyholders, agents, brokers, underwriters, and customers. Typically requires three to five years of customer billing and accounts receivable experience.

2049   Premium Billing Analyst - Associate
Under direct supervision, responsible for group insurance customer billing, accounts receivable, and commission payments; provides service to customers regarding types of payments; reconciles accounts; handles collections, lapses, and reinstatements; and provides service to brokers and sales personnel regarding commissions. Typically has less than three years of customer billing and accounts receivable experience.

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Module 2 - Health Plan Operations Position Descriptions

2050   Senior Director, Service Operations

Responsible for leading several operating functions in a business unit. Functional areas may include but not limited to: installation, implementation, client support, client services, client administration, customer service, enrollment and eligibility, claims processing, and call center operations. Typically requires eight or more years of experience, including four or more years of management experience and reports to the business unit Chief Executive Officer (CEO) or Chief Operations Officer (COO). NOTE: This is a second level management role consisting of multiple incumbents, which may not exist in some organizations/locations.

2051   Director, Service Operations

Directs the multi-functional area handling service issues. Functional areas may include but not limited to: installation, implementation, client support, client services, client administration, customer service, enrollment and eligibility, claims processing, and call center operations. Coordinates department operations and modifications with other areas of the organization. Typically holds a Bachelor's degree in business administration and has seven or more years of experience in a client service area with three or more years of management experience.

2053   Manager, Service Operations

Manages the daily activities of the multi-functional area handling service issues. Functional areas may include but not limited to: installation, implementation, client support, client services, client administration, customer service, enrollment and eligibility, claims processing, and call center operations. Investigates and settles claims and customer service issues not resolvable by lower staff members. Typically holds a Bachelor's degree and has six or more years of experience in a client service area with two to three years of supervisory experience.

2055   Supervisor, Service Operations

Supervises and provides daily direction to multi-functional team members regarding training and development, policies, procedures, and work production quantity and quality. Reviews and resolves complex service issues not resolvable by subordinates. Typically holds a Bachelor's degree and has five or more years of experience in a client service area.

2056   Service Representative - Senior

Under general direction, acts as end-to-end contact for clients experiencing service problems. Reviews and adjudicates complex claims and/or adjustments and responds to and resolves complex inquiries and concerns from policy holders, providers, and/or others. Interacts with providers and claimants to correct claim form errors or omissions and to investigate questionable entries. Typically has three or more years of experience in claims and customer service.

2057   Service Representative - Associate

Under general supervision, acts as end-to-end contact for clients experiencing service problems. Reviews and adjudicates claims and/or adjustments and responds to and resolves complex inquiries and concerns from policy holders, providers, and/or others. Interacts with providers and claimants to correct claim form errors or omissions and to investigate questionable entries. Typically has less than three years of experience in claims and customer service.

[N]2059   Intake/Referral Representative

Responsible for providing support to a clinical team in order to facilitate the administrative components of clinical referrals for various services. Acts as a liaison between hospitals, physicians, health plans, vendors, and patients or referral sources. Primary duties may include, but are not limited to initiating and managing clinical referrals for registered participants. Verifies insurance coverage and obtains authorizations if needed from insurance plans. Enters referrals and documents communications, actions, and other data in system. Typically requires a high school diploma with one to three years of experience in the healthcare environment.

2060   Director, Claims - Quality Audit

Responsible for the quality claims audit function in the claims processing area. Develops claims audit policies and procedures. May recommend changes in claims processing procedures. May be directly involved in complex claims audits. Provides expertise and guidance on technical or procedural issues. Typically has seven or more years of experience in claims processing with three to five years of management experience.

2065   Manager, Claims - Quality Audit

Responsible for the daily operations of the quality claims audit function in the claims processing area. Assists in the development of claims audit policies and procedures. May recommend changes in claims processing procedures. May be directly involved in complex claims audits. Responsible for hiring, training, and firing staff. Typically has five or more years of experience with two to three years of supervisory experience.

2070   Claims Quality Auditor - Senior

Under general direction, audits claims for coding accuracy, benefit payment, contract interpretation, and compliance with policies and procedures. Selects claims through random processes and/or other criteria. Responds to audit rebuttals. May provide guidance or expertise to less experienced quality auditors. Typically has five or more years of claims auditing experience and three or more years of experience in claims adjudication.

2071   Claims Quality Auditor - Intermediate

Under general supervision, audits claims for coding accuracy, benefit payment, contract interpretation, and compliance with policies and procedures. Selects claims through random processes and/or other criteria. Typically has three to five years of claims auditing experience and three or more years of experience in claims adjudication.

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Module 2 - Health Plan Operations Position Descriptions

2072   Claims Quality Auditor - Associate
Under direct supervision, audits claims for coding accuracy, benefit payment, contract interpretation, and compliance with policies and procedures. Selects claims through random processes and/or other criteria. Typically has less than three years of claims auditing experience and three or more years of experience in claims adjudication.

2080   Customer Service Quality Assurance Audit - Senior
Under general direction, monitors and evaluates the quality of inbound and/or outbound customer service calls. Documents quality issues and performance measures for management review. Provides information to assist in the feedback and formal education process of individuals on the phone. May assist in the development of monitoring standards. May act as subject matter expert. Typically has three or more years of related experience.

2081   Customer Service Quality Assurance Audit - Associate
Under general supervision, monitors and evaluates the quality of inbound and/or outbound customer service calls. Documents quality issues and performance measures for management review. Provides information to assist in the feedback and formal education process of individuals on the phone. May act as subject matter expert. Typically has less than three years of related experience.

2090   Supervisor, Subrogation/Other Party Liability (OPL)
Supervises the activities of the department which processes duplicate coverage, workers' compensation, and no-fault claims according to established standards and schedules. Develops and maintains efficient other party liability (OPL) and coordination of benefits (COB) systems. May be responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree and five or more years of related experience.

2095   Subrogation/Other Party Liability (OPL) Specialist - Senior
Under general direction, processes subrogation, workers' compensation, and other claims where third party liability may exist. Develops cases resulting from beneficiary and provider-initiated inquiries, internal referrals, personal research, and/or computer-generated reports. Typically has three or more years of experience in claims and/or subrogation.

2096   Subrogation/Other Party Liability (OPL) Specialist - Associate
Under general supervision, assists in the recovery of overpayments by researching paid claims; answering inquiries; and interacting with other departments, insurance adjustors, attorneys, and members. Typically has less than three years of related experience.

2097   Coordination of Benefits Representative
Initiates contact to membership, providers, other insurance companies to gather coordination of benefits (COB) data. Consolidates the activities that support the collection, management, and reporting of other insurance coverage.

2100   Director, Health Services
Directs the case management, medical review, utilization review, quality management, and/or health education programs. Provides strategic planning, decision making, and direction of a quality, cost effective delivery system providing health services to members. Manages inpatient and outpatient medical costs at levels consistent with the plan's objectives. Typically has seven or more years of related experience in healthcare with three to five years of management experience.

2105   Manager, Health Services
Plans, organizes, and manages the case management, medical review, utilization review, quality management, and/or health education programs. Analyzes inpatient and outpatient utilization trends. Develops and implements action plans to improve utilization and quality. Typically has six or more years of related experience in healthcare with two to three years of supervisory experience.

2110   Director, Clinical Programs
Oversees and directs the development, evaluation and implementation of new or changing health care programs and medical services for the organization at the national level. Responsible for program execution and drives medical program management for specific clinical programs. Negotiates with vendor to provide programs and product development. Typically has a clinical background as a RN or PharmD.

2115   Director, Case Management
Directs the planning and delivery of case management services. Develops and implements policies and procedures to enhance cost effectiveness while providing quality care. Typically has seven or more years of experience in case management with three to five years of management experience.

2120   Manager, Case Management
Manages and coordinates the delivery of case management services, including the coordination of disciplines/service areas, periodic reporting, and communications. Facilitates collaboration between utilization management and case management. May make recommendations for specific case exceptions. Responsible for hiring, training, and firing staff. Typically has six or more years of experience in case management with two to three years of supervisory experience.

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Module 2 - Health Plan Operations Position Descriptions
2125   Case Manager - Senior
Under general direction, provides support to patients, their families, and physicians in addressing medical and social concerns. Educates patients and families to make informed personal health care decisions. Facilitates communication between patient, physician, health plan, and community. Requires RN with typically five or more years of clinical and case management experience.

2128   Case Manager - Intermediate
Under general supervision, provides support to patients, their families, and physicians in addressing medical and social concerns. Educates patients and families to make informed personal health care decisions. Facilitates communication between patient, physician, health plan, and community. Requires RN with typically three to five years of clinical and case management experience.

2130   Case Manager - Associate
Under direct supervision, provides support to patients, their families, and physicians in addressing medical and social concerns. Educates patients and families to make informed personal health care decisions. Facilitates communication between patient, physician, health plan, and community. Requires RN with typically less than three years of clinical and case management experience.

2135   Disease Case Management Consultant
Provides case management and education to participants enrolled in a disease management program (e.g., Diabetes). Identifies major health risk factors, reinforces physician's plan of treatment, and assists with benefits management as needed. Acts as a liaison between the participant, employer, and physician for work adaptation needs. Stays abreast of healthcare changes and documents program's progress. Typically requires a RN.

2145   Nurse Practitioner - Case Management
Provides assistance and support to the case management staff. Assists staff in problem solving, technical support, and proactive case management skill building. Participates in creating patient care models. Must be formally trained as a nurse practitioner.

^D**2147   Wellness Coach**
Supports health promotion and disease prevention and care management services. Explains, educates, reinforces, and coaches members on their tailored self-help plans. Identifies problems, sets goals, and determines the individual's health status based on assessment. Establishes goals for each individual regarding educational and health care needs. Communicates with primary care and/or treating physician to request specific health information and/or to provide an update of an individual's health care status. Typically requires education/certification/licensure other than an RN, such as BSW, MSW, Respiratory Therapist, Dietician, Nutritionist, or Occupational Therapist.

2148   Social Worker (LCSW)
Responsible for providing guidance to members regarding barriers to managing health conditions. Conducts outbound telephone calls to members to provide health coaching and consultation. Assists members to change behaviors and to locate and access interpersonal, family and community resources that will make it easier to manage their health. Provides consultation to staff members regarding methods/approaches to help participants recognize and overcome barriers to better health. Requires LCSW certification.

2149   Social Worker
Responsible for providing guidance to members regarding barriers to managing health conditions. Conducts outbound telephone calls to members to provide health coaching and consultation. Assists members to change behaviors and to locate and access interpersonal, family and community resources that will make it easier to manage their health. Provides consultation to staff members regarding methods/approaches to help participants recognize and overcome barriers to better health. Requires a BSW (Bachelor's of Social Work) degree but is unlicensed.

2150   Director, Health Data Analysis
Directs the development of health data strategic plans, policies, and procedures for utilization and cost containment information. Directs the analysis, preparation, and presentation of outcomes using healthcare claims data, pharmacy data, and lab data. Directs the development of data reports and/or products that will enhance the retention of current market share and attract new business by demonstrating cost containment. Interacts with the Information Systems (IS) department extensively. Typically has seven or more years of experience in health data analysis with three to five years of management experience.

2155   Manager, Health Data Analysis
Manages the production and development of utilization and cost containment information. Manages the analysis and preparation of outcomes using healthcare claims data, pharmacy data, and lab data. Participates in the development of data reports and/or products that will enhance the retention of current market share and attract new business by demonstrating cost containment. Interacts with the Information Systems (IS) department. Responsible for hiring, training, and firing staff. Typically has six or more years of experience in health data analysis with two to three years of supervisory experience.

Module 2 - Health Plan Operations Position Descriptions

2160   Health Data Analyst - Senior

Under general direction, performs research and analysis of complex healthcare claims data, pharmacy data, and lab data regarding network utilization and cost containment information. Evaluates, writes, and presents healthcare utilization and cost containment reports and makes recommendations based on relevant findings. May provide guidance or expertise to less experienced analysts. Typically has three or more years of experience in health data analysis.

2165   Health Data Analyst - Associate

Under general supervision, performs research and analysis of healthcare claims data, pharmacy data, and lab data regarding network utilization and cost containment information. Assists in evaluating, writing, and presenting healthcare utilization and cost containment reports. Typically has less than three years of experience in health data analysis.

2170   Bio-statistician

Provides consultation on the design, testing, and enhancement of reporting systems. Recommends improvement to plan design. Researches, manipulates, and prepares data related to health management programs that document program activities and the results of health management interventions. Provides oversight regarding data quality for the identification and stratification process. Provides feedback to various areas in order to improve service delivery and enhance program design efforts. Typically holds a Master's degree in Bio-statistics or closely related field.

2180   Account Installation Specialist - Senior

Under general direction, administers the installation of assigned accounts, including, but not limited to: structure and billing set up, eligibility collection, database loading, and preparation of plan materials such as administrative documents and customer education materials. Provides support to assigned accounts by responding to inquiries and resolving issues of concern. May provide guidance or expertise to less experienced representatives. Typically has three or more years of related experience.

2182   Account Installation Specialist - Associate

Under direct supervision, administers the installation of assigned accounts, including, but not limited to: structure and billing set up, eligibility collection, database loading, and preparation of plan materials such as administrative documents and customer education materials. Provides support to assigned accounts by responding to inquiries and resolving issues of concern. Typically has less than three years of related experience.

2185   Manager, Client Services

Plans, organizes, and manages the Client Services representatives. Serves as a liaison to determine who will resolve questions referred by the representatives and direct the client accordingly. May become involved in large/major clients' service plans. Ensures organizational policies and procedures are followed and that work flow and training needs are met. Typically and has six or more years of experience in client services.

2186   Client Services Representative - Senior

If the incumbent is an account manager, please see Module 3, positions 3210-3215. Under general direction, investigates, analyzes and develops creative solutions to client specific problems related to systems, claims, networks, providers, eligibility, billing, collections, etc. through active cross-functional team participation. Provides information to enrollment and account installation staff. Monitors set up of account files and ensures proper billing. May provide guidance or expertise to less experienced representatives. Typically has three or more years of experience.

2188   Client Services Representative - Associate

If the incumbent is an account manager, please see Module 3, positions 3210-3215. Under direct supervision, investigates, analyzes and develops creative solutions to client specific problems related to systems, claims, networks, providers, eligibility, billing, collections, etc. through active cross-functional team participation. Provides information to enrollment and account installation staff. Monitors set up of account files and ensures proper billing. Typically has less than three years of experience.

2190   Director, Provider Service

Responsible for the department that responds to provider inquiries. Develops and implements policies and procedures. Responsible for compliance with provider service procedures. Typically holds a Bachelor's degree and has seven or more years of experience with three to five years of management experience. Normally reports to the Top Provider Network Executive.

2191   Manager, Provider Service

Responsible for the daily operations of the department which responds to the inquiries of the health care providers. Directs staff on proper provider service procedures and monitors service levels. Analyzes causes of provider inquiries. Responsible for hiring, training, and firing of staff. Typically holds a Bachelor's degree and has six or more years of experience with two to three years of supervisory experience. Normally reports to the Director, Provider Service.

2192   Supervisor, Provider Service

Supervises a unit which responds to provider inquiries. Conducts research to determine inquiry causes and reports problem areas to appropriate management. Provides expertise and guidance to provider service representatives. Typically is a high school graduate and has five or more years of experience. Normally reports to the Director or Manager, Provider Service.

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Module 2 - Health Plan Operations Position Descriptions
2193   Provider Service Representative - Senior
Under general direction, provides customer service to plan providers by answering complex benefit questions and resolving issues. Receives telephone, internet, and written inquiries from providers regarding covered benefits, claim adjudication processes and claim payment. May provide guidance or expertise to less experienced representatives. Typically has five or more years of customer service experience.

2194   Provider Service Representative - Intermediate
Under general supervision, provides customer service to plan providers by answering complex benefit questions and resolving issues. Receives telephone, internet, and written inquiries from providers regarding covered benefits, claim adjudication processes and claim payment. Typically has three to five years of customer service experience.

2195   Provider Service Representative - Associate
Under direct supervision, provides customer service to plan providers by answering complex benefit questions and resolving issues. Receives telephone, internet, and written inquiries from providers regarding covered benefits, claim adjudication processes and claim payment. Typically has less than three years of customer service experience.

2205   Administrative Director of Utilization Review (non-MD)
Directs the utilization review function ensuring accurate and timely prior authorization of designated healthcare services, concurrent review activity, and retrospective review activity. Responsible for the planning and decision-making related to utilization review. Develops and implements policies and procedures for the utilization review department. Typically requires a RN with clinical and managed care experience. Typically has seven or more years of experience in utilization review with three to five years of management experience.

2210   Manager, Utilization Review
Coordinates and manages the utilization review function ensuring accurate and timely prior authorization of designated healthcare services, concurrent review activity, and retrospective review activity. Typically requires a RN with clinical and managed care experience. Typically has six or more years of experience in utilization review analysis with two to three years of supervisory experience.

2215   Manager, Medical Claims Review
Responsible for the performance, productivity, and quality of the medical review staff. Oversees process improvement implementation. Serves as a technical resource/support for all medical review staff. Responsible for hiring, training, and firing staff. Typically requires a RN or BSN with six or more years of clinical and medical review experience and two to three years of supervisory experience.

[N]**2200   Clinical Administration Nurse**
Responsible for resolving problems with facilities, providers and carriers, as well as issues concerning members, benefit interpretation, program definition and clarification. Conducts clinical operations analysis by monitoring and analyzing medical management activities. May document nursing tools and reference information to support the design of clinical products and services. Requires an RN with current licensure.

[D]**2220   RN Medical Management - Senior**
Responsible for collaborating with healthcare providers and members to optimize member benefits and to promote effective use of resources. Also responsible for the application of medical and reimbursement policies within the claim adjudication process. Assesses the medical necessity of inpatient admissions, outpatient services, surgical and diagnostic procedures, and out of network services. May also manage appeals for services denied and conduct pre-certification, concurrent, and retrospective reviews to ensure compliance with medical policy, member eligibility, benefits, and contracts. Requires RN license and more than three years of related experience.

[N]**2223   RN Medical Management – Intermediate**
Responsible for collaborating with healthcare providers and members to optimize member benefits and to promote effective use of resources. Assesses the medical necessity of inpatient admissions, outpatient services, surgical and diagnostic procedures, and out of network services. May also manage appeals for services denied. May conduct pre-certification, concurrent, and retrospective reviews to ensure compliance with medical policy, member eligibility, benefits, and contracts. Requires RN license and three to five years of related experience.

2225   RN Medical Management - Associate
Responsible for collaborating with healthcare providers and members to optimize member benefits and to promote effective use of resources. Assesses the medical necessity of inpatient admissions, outpatient services, surgical and diagnostic procedures, and out of network services. May also manage appeals for services denied. May conduct pre-certification, concurrent, and retrospective reviews to ensure compliance with medical policy, member eligibility, benefits, and contracts. Requires RN license and less than 3 years of related experience.

2230   LPN, Medical Management
Under general direction, responsible for collaborating with healthcare providers and members to optimize member benefits and to promote effective use of resources. Assesses the medical necessity of inpatient admissions, outpatient services, surgical and diagnostic procedures, and out of network services. May also manage appeals for services denied. May conduct pre-certification, concurrent, and retrospective reviews to ensure compliance with medical policy, member eligibility, benefits, and contracts. Requires LPN license and more than three years of related experience.

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Module 2 - Health Plan Operations Position Descriptions

2231   Utilization Management Representative (non-RN)

Under general supervision, determines contract and benefit eligibility; provides authorization for inpatient admission and outpatient precertification and/or prior authorization requests. Refers cases requiring clinical review to a nurse reviewer; and handles referrals for specialty care. Responds to telephone and written inquiries from clients, providers and in-house departments. Typically has three or more years of experience.

2233   Dental Analyst

Investigates appropriate utilization of dental services based on contractual benefits and medical circumstances. Conducts review and analysis of claims and confidential dental records to determine appropriate coverage. Determines network status of providers and satisfaction of applicable waiting periods. Represents department on multi-departmental dental committees and makes procedural recommendations. Prepares documentation for and consults with dental and medical consultants concerning customer appeals and complex or unusual requests for coverage. Typically is a Certified Dental Assistant with three years of clinical experience and has extensive knowledge of dental claims coding.

2237   Transplant Review Specialist

Reviews transplant cases for medical necessity and appropriateness against clinical guidelines. Typically requires a BSN degree with related clinical experience.

2240   Director, Special Investigations Unit

Responsible for planning, organizing, and controlling the activities of cross-functional employees engaged in the detection and elimination of fraudulent behavior. Prepares comprehensive investigative reports and analyses pertinent to evidence obtained in investigations. Coordinates information and action with law enforcement agencies at the local, state, and federal level. Typically requires five or more years of experience in healthcare and three years of management experience.

2241   Provider Auditor

Accesses billing databases to perform comprehensive research and identify billing abnormalities, questionable billing practices, and/or irregularities. Investigates, researches, and analyzes claims data applying knowledge of medical policy to determine details of fraudulent or abusive billing activity. Conducts internal and on-site audits of provider records, clinical records, and itemized bills so as to ensure appropriateness of billing practices and application of medical policy. Identifies and documents fraudulent or erroneous activity during an audit. Typically has a healthcare background with a Bachelor's degree or licensure in a health-related field and three years of clinical experience with claims and auditing experience.

2242   Contract Compliance Representative

Responsible for determining provider compliance throughout a state and recommending appropriate action, assisting in special investigations, and providing support in compliance with requests from enforcement agencies. Analyzes documentation and information and summarizes data gathered from a variety of sources. Oversees random examination process, enforcing membership actions, and assessing reports on provider groups or brokers. Conducts ad hoc investigations. Typically requires a degree in math, economics, or a related field and three years of underwriting experience.

2243   Nurse Quality Auditor

Responsible for developing, conducting, and analyzing quality studies according to criteria developed by management, external review organizations, and other regulatory agencies. Conducts on-site provider audits and researches provider clinical quality issues. Develops and monitors corrective actions, maintains hospital quality database via requests for information and questionnaires, generates scorecards for each hospital, and provides feedback to practitioners on performance. Requires RN license and three years of related experience.

2245   Administrative Director of Quality Management (non-MD)

Directs the overall quality management program. Responsible for the analysis of the quality of member care received and for the development of plans and programs to support continuous quality improvement. Establishes strategic plans, policies, and procedures at all levels and with all or critical operation departments to ensure quality programs will meet or exceed guidelines or requirements. Typically requires a RN with seven or more years of clinical and managed care experience and three to five years of management experience.

2250   Manager, Quality Management

Establishes and maintains a system that evaluates the quality of member care. Serves as a resource regarding accreditation standards including NCQA standards and continuous quality improvement principles. May coordinate accreditation activities on behalf of the organization. Responsible for hiring, training, and firing staff. Typically requires a RN with six or more years of clinical and managed care experience with two to three years of supervisory experience.

2255   Quality Management Analyst - Senior

Under general direction, responsible for the identification of complex quality issues through analyzing data and preparing reports. Develops possible solutions to quality management issues and may design and implement processes necessary to make these changes. May provide guidance or expertise to less experienced analysts. Typically has three or more years of related experience.

2260   Quality Management Analyst - Associate

Under general supervision, obtains and analyzes data and assists in preparing reports used in identifying quality management issues. Assists in the development of possible solutions to quality management issues. May design and implement processes necessary to make these changes. Typically has less than three years of related experience.

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Module 2 - Health Plan Operations Position Descriptions
2265   Training and Quality Nurse Specialist
Conducts extensive training on managed care principles, automated systems, department policies and procedures, and work processes to new employees. Develops and manages in-service educational programs for all staff when internal workflow changes occur and maintains training and policy and procedures manuals. Also responsible for performing quality reviews of department staff and overall programs. Assists staff in problem-solving, technical support, and proactive case management skill-building. Requires a RN with typically three to five years of clinical nursing experience and at least two years of experience in managed care.

[N]**2267   Clinical Quality Management Nurse - Senior**
Responsible for working with appropriate departments in the areas of compliance, process improvement, and member/provider satisfaction for all product lines. Reviews, researches and responds to customer complaints relating to quality of medical care and service. Recommends and/or implements process improvements related to the potential quality of medical care and service. Requires RN license and five or more years of related experience.

[T]**2268   Clinical Quality Management Nurse - Associate**
Responsible for working with appropriate departments in the areas of compliance, process improvement, and member/provider satisfaction for all product lines. Reviews, researches and responds to customer complaints relating to quality of medical care and service. Recommends and/or implements process improvements related to the potential quality of medical care and service. Requires RN license and three or more years of related experience.

2270   Fraud Investigator - Senior
Under general direction, independently conducts investigations of allegations of fraudulent and abusive practices. Coordinates investigation with law enforcement authorities. Assembles evidence and documentation to support successful adjudication, where appropriate. Conducts on-site audits of provider records ensuring appropriateness of billing practices. Prepares complex investigative and audit reports. May provide guidance to less experienced investigators. Typically requires a Bachelor's degree in criminal justice, accounting, nursing, or a related field and five years of investigative experience in criminal justice involving white-collar crime or healthcare fraud.

2275   Fraud Analyst/Investigator - Associate
Under general supervision, researches and analyzes complaints of irregular billing activity to identify a wide range of abusive practices from simple to complex schemes that result in unjustifiable expenditures and/or criminal activity. Conducts accurate and detailed audits from review of billing, clinical, and other records comparing them with company contracts and policies. Determines actual overpayment that may have occurred. Typically requires an Associate's degree in accounting, law enforcement, nursing or other healthcare field and is licensed or certified as a healthcare professional (e.g., LPN, Physician Assistant).

2280   Director, Health Promotion/Education
Directs the establishment, management, and maintenance of current healthcare information that will assist staff education and outreach programs. Also, may be responsible for developing and implementing various health education programs and materials that satisfy the needs and interests of plan enrollees, employers, and providers. Monitors, assesses, and reviews educational programs for effectiveness. Typically requires seven or more years of related experience with three to five years of management experience.

2285   Manager, Health Promotion/Education
Establishes, manages, and maintains current healthcare information that will assist staff education and outreach programs. Also, responsible for the development and implementation of various health education programs and materials that satisfy the needs and interests of members, employers, and providers. Assists in the monitoring and assessment of educational programs and needs. Oversees the referrals to external education programs and community resources. Manages the daily functions for the health education department. Responsible for hiring, training, and firing staff. Typically requires six or more years of related experience with two to three years of supervisory experience.

2290   Health Promotion/Education Specialist - Senior
Under general direction, develops, promotes, and presents health education programs and materials that satisfy the needs and interests of plan members, employers, and providers. Works with various internal and external parties in conducting needs assessments and designing health education programs. Coordinates referrals to outside programs. May provide guidance or expertise to less experienced specialists. Typically has three or more years of related experience.

2295   Health Promotion/Education Specialist - Associate
Under general supervision, assists in the development, promotion, and presentation of health education programs that satisfy the needs and interests of members, employers, and providers. May coordinate referrals to outside programs. Typically has less than three years of related experience.

2300   Director, Case Management - Behavioral Health
Provides leadership and directs the inpatient and outpatient case management program of the behavioral health unit. Oversees behavioral health initiatives and direction that support safe, aggressive treatment resulting in quality outcomes and cost-effective care. Ensures appropriate utilization management through comprehensive direction and supervision of operational staff. Typically reports to the Top Behavioral Health Executive. Typically requires seven or more years of related experience and three to five years of management experience.

Module 2 - Health Plan Operations Position Descriptions

2305   Manager/Supervisor, Case Management - Behavioral Health
Provides administrative and clinical supervision, as well as team leadership, to the case management team of the behavioral health unit. Manages the operations of a case management team and assists with operations planning and monitoring. Monitors and evaluates case managers' performance, efficiency, and productivity according to quality management standards and performance guarantees. Manages team performance including goal-setting, multi-source feedback, measurement, and performance related rewards. Typically requires five or more years of related experience with two to three years of supervisory experience.

2310   Case Manager - Behavioral Health - Senior
Under general direction, provides case management services for the behavioral health unit through evaluation and review of inpatient and outpatient behavioral health treatments for medical necessity, emergency status, and quality of care. Provides direction to network providers on best use of benefit provisions and quality compliance issues. Reviews and certifies complex treatment plans. May conduct 24-hour crisis counseling. May provide guidance or expertise to less experienced case managers. Requires RN license and three or more years of clinical behavioral health experience and experience as a case manager.

2315   Case Manager - Behavioral Health - Associate
Under general supervision, provides case management services for the behavioral health unit through evaluation and review of inpatient and outpatient behavioral health treatments for medical necessity, emergency status, and quality of care. Provides direction to network providers on best use of benefit provisions and quality compliance issues. Reviews and certifies treatment plans. May conduct 24-hour crisis counseling. Requires RN license and less than three years of clinical behavioral health experience.

2320   Quality Improvement Coordinator - Behavioral Health
Coordinates and manages quality improvement initiatives for the behavioral health unit. Identifies opportunities for internal and external quality improvement and develops strategies and programs to address the same. Develops and manages information systems to support and improve the unit's strategic planning, operations, medical management, and financial success. Develops and processes all reports needed for the unit. Presents information formally and informally at internal and external forums. Typically requires a Master's degree, a clinical or human services degree, and five years of quality management experience.

2330   Supervisor Intake - Behavioral Health
Provides management for the intake group of a behavioral health network. Selects and develops intake and administrative staff for the intake group of a behavioral health network. Orients and trains employees on telephone and computer systems, as well as policies and procedures. Measures and reports customer service results against company standards. Typically requires three or more years of related experience.

2335   Intake Coordinator - Behavioral Health
Assigns client to appropriate staff member or behavioral health network provider for assessment and counseling. Serves as initial contact for clients and their eligible dependents requesting services. Responsible for customer service and relevant standards such as telephone response time. May make referrals within stated limits.

2400   Director, Actuarial Services
Directs the actuarial functions of the organization. Oversees the monitoring, evaluating, and reporting of the effectiveness of the existing rating formula. Approves prospect and renewal rates for experience-rated categories of business. Advises management in the selection of major rating assumptions. Provides support to the marketing division by participating in the development of new products and meeting with key accounts to present rating/financial information. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science with seven or more years of actuarial experience in a high level technical or managerial position.

2405   Manager, Actuarial Services
Responsible for a group of actuaries that performs financial projections and actuarial analysis. Implements policy to protect the organization's financial integrity. May be responsible for pricing, risk management, reserving, and actuarial administration. Identifies critical issues and recommends solutions to business problems. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science and has actuarial experience.

[T]2410   Senior Actuarial Consultant (FSA)
Under general direction, performs financial projections and actuarial analysis for multiple projects or complex assignments. Recommends policies to protect the organization's financial integrity. May oversee the professional work of lower level actuaries. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science and belongs to the Society of Actuaries with the designation of FSA (Fellow).

[N]2413   Actuarial Consultant (ASA+)
Under general supervision, establishes insurance rates, rating structures, and rating systems for groups and categories. Compiles, analyzes, and develops essential statistical data for current and future actuarial studies. Assists in the performance of financial projections and actuarial analysis for one or more well-defined projects. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science and belongs to the Society of Actuaries with the designation of ASA (Associate) and is pursuing the designation of FSA (Fellow).

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[T]**2415   Actuarial Analyst (ASA)**
Under general supervision, establishes insurance rates, rating structures, and rating systems for groups and categories. Compiles, analyzes and develops essential statistical data for current and future actuarial studies. Assists in the performance of financial projections and actuarial analysis for one or more well-defined projects. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science and belongs to the Society of Actuaries with the designation of ASA (Associate).

[N]**2418   Actuarial Analyst – Senior**
Assists in the determination of rates. Analyzes, develops, and validates statistical data. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science and has more than four years experience. Must be currently pursuing the designation of ASA (Associate) in the Society of Actuaries with the completion of more than four exams.

[B]**2420   Actuarial Analyst – Intermediate**
Assists in the determination of rates. Analyzes, develops, and validates statistical data. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science and has two to four years experience. Must be currently pursuing the designation of ASA (Associate) in the Society of Actuaries with the completion of three to five exams.

[N]**2422   Actuarial Analyst – Associate**
Assists in the determination of rates. Analyzes, develops, and validates statistical data. This is an entry-level actuarial position. Typically holds a Bachelor's degree in mathematics, statistics, or actuarial science and has less than two years experience. Must be currently pursuing the designation of ASA (Associate) in the Society of Actuaries with the completion of up to three exams.

2430   Director, Medical Underwriting
Develops policies and procedures for the medical underwriting staff. Monitors corporate language to ensure proper reflection of risk underwritten in the development of general proposal packages. Develops master policies and other official documents. Executes account contracts to be in compliance with federal and state laws. Typically is a RN with clinical experience and has seven or more years of underwriting experience with three to five years of management experience.

2435   Manager, Medical Underwriting
Manages the medical underwriting staff. Responsible for the accurate application of underwriting policies and procedures. Assists in the development of master policies and other official documents. Ensures that the account contracts are in compliance with government regulations. Responsible for hiring, training, and firing staff. Typically is a RN with clinical experience and has six or more years of underwriting experience.

2440   Medical Underwriter - Senior
Under general direction, performs complex medical underwriting functions. Establishes criteria for acceptance of applicants based on prior medical history, current health status, prognosis, and anticipated future medical costs. May provide guidance or expertise to less experienced underwriters. Typically is a RN with three or more years of medical underwriting experience.

2445   Medical Underwriter - Associate
Under general supervision, performs medical underwriting functions. Establishes criteria for acceptance of applicants based on prior medical history, current health status, prognosis, and anticipated future medical costs. Typically is a RN with less than three years of medical underwriting experience.

2450   Director, Group Underwriting
Develops policies and procedures for the group underwriting staff. Develops and monitors department policies and provides underwriting support to other areas within the organization. Typically holds a Bachelor's degree in mathematics or finance and has seven or more years of underwriting experience with three to five years of management experience.

2455   Manager, Group Underwriting
Manages the group underwriting staff and defines and controls the rate-setting process. Develops and monitors policies and procedures for group underwriting. May provide underwriting support to other areas within the organization. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in mathematics or finance and has six or more years of underwriting experience.

2460   Group Underwriter - Senior
Under general direction, computes rates for both renewing and prospective complex/large group accounts. Prepares a variety of financial reports for large accounts and provides rationale and support to other areas within the organization and to clients regarding rate computations and financial activity. Provides expense estimates and accurate analysis of financial exhibits. May provide guidance or expertise to less experienced underwriters. Typically holds a Bachelor's degree in mathematics or finance and has five or more years of related experience.

2463   Group Underwriter - Intermediate
Under general supervision, computes rates for both renewing and prospective moderate to complex group accounts. Prepares a variety of financial reports for large accounts and provides rationale and support to other areas within the organization and to clients regarding rate computations and financial activity. Provides expense estimates and accurate analysis of financial exhibits. Typically holds a Bachelor's degree in mathematics or finance and has three to five years of related experience.

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Module 2 - Health Plan Operations Position Descriptions

2465   Group Underwriter - Associate
Under direct supervision, computes rates for both renewing and prospective least complex group accounts. Prepares a variety of financial reports for group accounts and provides rationale and support to other areas within the organization and to clients regarding rate computations and financial activity. Typically holds a Bachelor's degree in mathematics or finance and has less than three years of related experience.

2470   Rating/Pricing Analyst - Senior
Under general direction, provides complex benefits plan and medical cost analysis. Prepares scheduled account reports and projects as requested. Monitors and analyzes cost trends. May provide guidance or expertise to less experienced analysts. Typically holds a Bachelor's degree with heavy concentration in mathematics or statistics and has three or more years of experience in pricing.

2475   Rating/Pricing Analyst - Associate
Under general supervision, assists in providing benefits plan and medical cost analysis, maintains databases, and prepares scheduled account reports and projects as requested. Typically holds a Bachelor's degree with heavy concentration in mathematics or statistics and has less than three years of related experience.

2479   Director, Risk Management
Responsible for development and coordination of the organization's risk management programs. Analyzes risk of potential losses in property, funds, and/or claims processing. Determines methods of insurance and negotiates with insurance carriers. Responsible for establishing standards and overseeing loss and prevention policies and procedures.

2480   Manager, Risk Management
Responsible for the management of the risk management staff. Designs and implements programs to control company losses and to transfer and/or finance risk protocols that will minimize the adverse financial impact of risk to the organization. Utilizes financial and actuarial skills to analyze risk insurance market trends and alternative financing options. Typically has five to six years of related experience. Normally reports to Director, Risk Management.

2485   Risk Management Consultant
Works with business areas to administer exposure policies and loss control programs. Oversees and finances risks and legal liability for exposures. Conducts root cause analysis on major risk/claims issues. Reviews lease agreements, management agreements, vendor contracts, and policies and procedures to identify risks and provide recommendations for minimizing exposures to losses. Typically has three to five years of related experience.

2490   Risk Management Analyst
Provides technical support for timely and effective insurance, claims, and risk financing for the risk management program. Ensures compliance with state regulations and prepares summary claims reports. Identifies options and provides recommendations for the design and development of risk management information systems. Utilizes data management and spreadsheet capabilities to assist in identifying loss trends, administering current programs, and responding to customer requests. Typically has less than three years of related experience.

2500   Director, Provider Network Management
Responsible for the management of the provider network, which may include network development, contracting, credentialing, provider relations, and provider services. May also be responsible for providing policy administration for provider networks and ensuring contractual compliance with government regulations. Typically has seven or more years of related experience and three to five years of management experience.

2505   Manager, Provider Network Management
Responsible for the daily activities of the provider network staff, which may include network development, contracting, credentialing, provider relations, and provider services. Responsible for hiring, training, and firing staff. Typically has six or more years of related experience.

2520   Director, Contracting
Responsible for the contracting group. Oversees the preparation, analysis, review, and projection of the financial impact of provider contracts and specific terms. Directs the staff that drafts contracts, conducts negotiations, and ensures the smooth operation and administration of provider agreements. Typically has seven or more years of contracting experience and three to five years of management experience.

2525   Manager, Contracting
Responsible for the daily activities of the contracting specialists and support staff related to contracting and facility database management. Oversees facility rate setting and contract language negotiations for facilities identified and solicited by network development staff. Responsible for hiring, training, and firing staff. Typically has six or more years of contracting experience.

2530   Contracting Specialist - Senior
Under general direction, prepares, analyzes, reviews, and projects financial impact of large or complex provider contracts and alternate contract terms. Conducts negotiations and drafts individual contracts. Ensures the smooth operation and administration of provider agreements. May provide guidance or expertise to less experienced specialists. Typically requires a Bachelor's degree in a related area with three or more years of related experience.

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Module 2 - Health Plan Operations Position Descriptions

2535   Contracting Specialist - Associate

Under general supervision, prepares, analyzes, reviews, and projects financial impact of provider contracts. Drafts contracts and conducts pre-contractual audits and surveys. May negotiate or assist in negotiating individual contracts. Typically requires a Bachelor's degree in a related area with less than three years of related experience.

2538   Hospital Contracting Specialist

Negotiates and drafts individual contracts with hospitals and healthcare systems. Prepares, analyzes, reviews, and projects financial impact of large, complex contracts with hospitals. Ensures the smooth operation and administration of provider agreements. May train/mentor ancillary/provider contractors. Typically requires a Bachelor's degree in a related area with three to five years of related experience.

2540   Manager, Credentialing

Manages all activities associated with credentialing or re-credentialing physicians and providers. Manages the staff that processes provider applications and re-applications including initial mailing, review, and loading into the database tracking system. Responsible for the development of credentialing policies and procedures. Oversees primary source verification activities. Presents files to the credentialing committee. Identifies and analyzes trends on application status for internal and external use. Typically has six or more years of credentialing experience with two years of supervisory experience.

2545   Supervisor, Credentialing

Supervises activities of the staff performing credentialing or re-credentialing of physicians and providers. Supervises the processing of provider applications and re-applications including the initial mailing, review, and loading. Oversees primary source verification activities and data entry. Typically requires five or more years of related experience.

2550   Credentialing Specialist - Senior

Under general direction, implements and monitors procedures and activities related to the credentialing, re-credentialing, and privileging of network providers. Processes provider applications and re-applications including initial mailing, review, and loading. Maintains provider profiling system and communicates with providers by phone and mail regarding credentialing status and information. May provide guidance or expertise to less experienced specialists. Typically requires three or more years of related experience.

2555   Credentialing Specialist - Associate

Under general supervision, processes provider applications and re-applications including the initial mailing, review, and loading. May assist in the implementation of procedures and activities related to the credentialing, re-credentialing, and privileging of network providers. Maintains provider profiling system and communicates with providers by phone and mail regarding credentialing status and information. Typically requires less than three years of related experience.

2556   Director, Provider Installation

Responsible for the development and strategic direction of contracted provider installation. Develops end to end contracting processes, structure, workforce management and staff development/retention. Works with functional operational areas across all regions to ensure processes, metrics and service levels are compliant and to maximize the business segment partner and provider experience. Typically requires a Bachelor's degree and has seven or more years of related experience with three to five years of management experience.

2557   Manager, Provider Installation

Responsible for the daily activities of the department handling provider installation. Manages contracting processes, structure, and workforce management. Works with functional operational areas to ensure processes and service levels are compliant. Responsible for meeting organization standards pertaining to contract administration. Manage and establish processes necessary to support the markets/regions including contract issuance and execution, contract maintenance and research and resolution. Typically requires a Bachelor's degree and has six or more years of related experience with two to three years of supervisory experience.

2558   Supervisor, Provider Installation

Supervises the activities of the department handling provider installation to ensure standards are met for timely processing of contracted providers, accurate contract loading to all business segment platforms and products, provider maintenance activities, network integration and recontracting/development initiatives. Reviews and resolves complex service issues and provides expertise and guidance to staff. Typically requires a Bachelor's degree with three or more years of related experience.

2559   Provider Installation Analyst

Responsible for administering the installation of assigned provider accounts. Performs set-up, database loading, and preparation of administrative documents and materials. Provides support to provider accounts by responding to inquiries and resolving issues of concern. Typically has three or more years of related experience.

2560   Director, Provider Relations

Directs and implements strategies relating to the development and management of a physician/provider network. Develops programs to recruit, service, train, and reimburse physicians and providers. Designs and implements programs to maintain positive relationships between the health plan, physicians, providers, and practice managers. Typically has seven or more years of related experience and three to five years of management experience.

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Module 2 - Health Plan Operations Position Descriptions

2565   Manager, Provider Relations
Manages the daily operations for developing and managing the physician/provider network, which includes recruiting, servicing, and training physicians and providers. Implements the programs to maintain positive relationships between the health plan, physicians, providers, and practice managers. Responsible for the hiring, training, and firing of staff. Typically has six or more years of related experience.

[N]2568   Provider Relations Representative – Hospital
Under general direction, develops and maintains positive relationships with hospitals within the provider network. Provides high quality service to hospitals. May provide guidance or expertise to less experienced representatives. Typically requires a Bachelor's degree in a related area with three or more years of experience in physician relations or managed care.

2570   Provider Relations Representative - Senior
Under general direction, develops and maintains positive relationships with physicians, providers, and practice managers within the provider network. Provides high quality service to physicians, providers, and practice managers. May provide guidance or expertise to less experienced representatives. Typically requires a Bachelor's degree in a related area with three or more years of experience in physician relations or managed care.

2575   Provider Relations Representative - Associate
Under general supervision, develops and maintains positive relationships with physicians, providers, and practice managers within the provider network. Provides high quality service to physicians, providers, and practice managers. Typically requires a Bachelor's degree in a related area with less than three years of experience in healthcare or managed care.

2580   Manager, Medical Policy Management Operations
Responsible for the management and direction of provider reimbursement strategies. Directs the implementation of medical policy to ensure correct adjudication of claims in accordance with provider contracts, member contracts, legislative acts, and regulatory mandates. Evaluates and recommends medical policy and provider reimbursement guidelines as they relate to control over medical claims cost. Typically holds a Bachelor's degree in business, finance, economics, or healthcare administration with five years of experience in a managed care or provider environment.

2585   Manager, Provider Network Reimbursement Programs
Responsible for provider reimbursement programs, policies, and strategies to ensure unit cost controls meet or exceed corporate objectives for medical cost containment. Analyzes claims, utilization, and medical cost data. Develops strategic, cost effective programs, and makes system or network changes to enhance competitive position.

2590   Manager, Provider Network (Database Management)
Oversees the maintenance of the provider network database and reporting function for the provider network area, initiates database improvement efforts, and represents the provider network area on company IT projects. Develops and maintains standards for database integrity, coordinates corrective activities to clean database and retain users, and manages communication processes with other departments regarding database improvements. Designs report formats and produces reports for internal customers. Oversees data entry and trains new database users.

2591   Manager, Benefit Plan Systems
Manages the implementation of system applications that administer managed care contract provisions and provider files. Oversees the assignment of rate coding and the verification of fee schedule loading.

2592   Benefit Plan Systems Analyst
Selects, implements, and loads the system applications that administer managed care contract provisions. Assigns the rate coding to ensure the system takes the appropriate discounts, per diems, case costs, and fee schedule. Coordinates implementation and verification of the loading of the fee schedule. Examines fee schedules for proper coding. Prepares the system entry to adjudicate contract provisions. Creates and maintains networks and delivery systems in provider file system. Assists in training and development of procedures for provider loading processes. Requires experience in group claims and/or member provider services.

2593   Benefit Plan Coding Compliance Specialist
Responsible for monitoring and auditing medical record coding performed by the Benefit Plan Systems Analyst to ensure proper CPT and ICD-9 coding requirements are met. Typically requires CPC or AAPC certification.

2595   Provider Network Maintenance Specialist - Senior
Under general direction, maintains current provider data to ensure the quality of the network. Coordinates provider enrollment, and assists with coordination of meetings with providers for training, contracting, and reporting. Updates directories for all contracted organizations. Responsible for reporting and tracking provider calls and complaints. Typically requires three or more years of experience.

2597   Provider Network Maintenance Specialist - Associate
Under general supervision, maintains current provider data to ensure the quality of the network. Coordinates provider enrollment, and assists with coordination of meetings with providers for training, contracting, and reporting. Updates directories for all contracted organizations. Responsible for reporting and tracking provider calls and complaints. Typically requires less than three years of experience.

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Module 2 - Health Plan Operations Position Descriptions

2600   Director, Compliance
Directs efforts ensuring compliance with governmental requirements. Represents the organization in government compliance matters as well as regulatory meetings and activities. Develops and implements business plans. Serves as principal contact with government agencies. Typically has seven or more years of related experience and three to five years of management experience.

2605   Manager, Compliance
Responsible for ensuring compliance with governmental requirements. Develops and implements compliance policies and procedures. Researches compliance issues and recommends changes that assure compliance with contract obligations. Maintains relationships with government agencies. Coordinates site visits for regulators, coordinates implementation and compliance with corrective action plans, as needed. Responsible for hiring, training, and firing staff. Typically has six or more years of related experience with two to three years of supervisory experience.

2610   Compliance Specialist - Senior
Under general direction, implements compliance procedures and conducts complex audits from a legislative/regulatory standpoint. Investigates and resolves complex compliance issues. Communicates with regulators to resolve issues. May provide guidance or expertise to less experienced specialists. Typically requires three or more years of related experience.

2615   Compliance Specialist - Associate
Under general supervision, conducts audits and provides support for other internal or external auditors. Investigates and resolves compliance issues from a legislative/regulatory standpoint. Communicates with regulators to resolve issues. Typically requires less than three years of related experience.

2620   HIPAA Compliance Coordinator
Monitors compliance in accordance with government regulations relating to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Researches available resources and coordinates implementation of this highly specialized and technical information. Coordinates the implementation of HIPAA's transaction, privacy, and security standards. May also serve as a resource for HIPAA issues for affiliates. Typically reports to the Top Privacy Officer.

2625   Medical Policy Coordinator
Responsible for medical research and developing utilization management pre-certification criteria for medical policies to be used by review, utilization, and case management nurses. Codes changes into claims systems using national coding structure for processing accuracy and clinical appropriateness once medical policy has been established. Serves as a liaison to business units for correct coding of claims. Researches questions and issues from internal physicians and nurses as they relate to developed medical policies. Requires RN and three to five years of processing and clinical experience.

2700   Director, Medicare/Medicaid Programs
Directs staff activities and resources to accomplish goals and objectives that contribute to profitability of the Medicare/Medicaid business segment. Develops infrastructure, standards, and policies and procedures for the Medicare/Medicaid Program and participates in the strategic development of its products and services. Serves as principal contact with community leaders, providers, and regulatory agencies relative to Medicare/Medicaid products and services. Typically has seven or more years of related experience and three to five years of management experience.

2705   Manager, Medicare/Medicaid Programs
Provides support to assigned health plan and/or specialty companies relative to Medicare/Medicaid product implementation, operations, contract compliance, and federal contract application submissions. Serves as the primary resource on Medicare/Medicaid regulations for all assigned health plans. Ensures that assigned health plans are meeting or exceeding corporate Medicare/Medicaid performance benchmarks. Maintains relationships with Medicare/Medicaid regulators within a region. Responsible for hiring, training, and firing staff. Typically has six or more years of related experience.

2730   Manager, Medicare Operations
Leads and facilitates the management of the benefits, operations, communication, reporting, and data exchange of the Medicare product in support of strategic and corporate business objectives. Also responsible for operational compliance and adherence to federal regulations. Works collaboratively with business and operational units to ensure the Medicare operations are supported by effective, accurate and efficient business processes; benefits are accurately defined, communicated and configured; all member communications are compliant and data exchanges and reports are accurate, timely and meet federal requirements.

2800   Manager, Nurse Call Center
Develops and implements strategic plans and procedures for the nurse call center operation. Ensures process efficiency and quality service. Requires a RN and typically has call center nurse experience with two years of supervisory experience.

2805   Supervisor, Nurse Call Center
Provides leadership, guidance, and support focusing on quality services and compliance with company standards for the call center. Requires a RN and typically has two to three years of call center nurse experience.

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Module 2 - Health Plan Operations Position Descriptions

2815   Call Center Nurse (RN)
Performs telephone triage to assess member's needs and provide relevant health information to assist member in making healthcare decisions. Performs thorough symptom assessment of caller's situation using established criteria and protocol. Utilizes established software, written materials, on-line resources and nursing background to provide callers with appropriate medical information. Refers more complex issues for consultation. Requires a RN with typically three years of clinical nursing experience.

2830   Director, Employee Assistance Program (EAP)
Directs the overall operations of the EAP (Employee Assistance Program) group. Plans, develops, and implements EAP products and services. Develops and oversees group budget. Typically has seven or more years of related experience and three to five years of management experience.

2835   Manager/Supervisor, Employee Assistance Program (EAP)
Manages the daily operation of the EAP (Employee Assistance Program) group. Ensures group standards are consistently met. Coordinates delivery of EAP products and services. May conduct management consultations and telephone counseling. Typically requires a Master's degree level mental health professional or a registered psychiatric nurse with two years of EAP experience. Responsible for hiring, training, and firing staff.

2845   Employee Assistance Program (EAP) Counselor
Provides telephone crisis intervention, assessment, short-term problem resolution, referral, and case management. Addresses a wide range of issues including problems in daily living, psychiatric crisis, and violent situations. Requires expertise and specialized knowledge in substance abuse, domestic abuse, grief counseling, workplace problems, and management consultation. Typically requires a Master's degree in counseling, psychology, social work, or related field with two years post-Master's degree experience in counseling.

2850   Director, Pharmacy
Develops and directs the pharmacy program with emphasis on disease state management and outcomes. Develops and maintains a managed care network of pharmacies. Responsible for development of reimbursement methodologies, providing effective on-site audits of participating pharmacies, and for providing effective resolution to service inquiries. Typically is a Registered Pharmacist and has seven or more years of related experience and three to five years of management experience. Typically reports to the Top Pharmacy Executive.

2852   Director, Mail-Order Pharmacy Center
Responsible for operations of the mail-order pharmacy center. Develops and maintains strategies to fulfill prescriptions, comply with regulatory and reporting standards, provide quality member service, and collect drug utilization data. Typically reports to the Top Pharmacy Executive or Top Pharmacy Benefits Management (PBM) Executive.

2853   Manager, Pharmacy
Responsible for the daily activities of the pharmacy program with emphasis on disease state management and outcomes. Assists in the development and maintenance of a managed care network of pharmacies. May also be responsible for assisting in the development of reimbursement methodologies, providing effective on-site audits of participating pharmacies, and for providing effective resolution to service inquiries. Typically is a Registered Pharmacist and has six or more years of related experience.

2855   Clinical Pharmacist Consultant
Performs highly complex research and analysis related to prescription drugs and their applications in support of formulary development and the prior authorization program. Researches new prescription drugs or new applications of existing drugs and develops prescription drug use guidelines. Administers prior authorization program, assisting Medical Director in case review. Participates in physician education and outreach program. Performs claims analysis for drug utilization review, fraud, abuse, and over utilization. Gathers clinical and financial information for presentation to the Medical Director for prior authorization case review. Requires a pharmacy degree with typically three years of clinical experience.

2858   Director, Pharmaceutical Contracting
Responsible for all aspects of pharmaceutical contracting and pricing including development, implementation, and maintenance. Ensures contract compliance and performs analysis regarding pharmacy claims and purchasing data to identify future contracting opportunities. Typically has five or more years of related experience.

2860   BCBS Interplan Financial Manager
Responsible for the financial relationship with other BlueCross BlueShield plans which may include managing and coordinating the billing for administrative fees due between BCBS plans. Manages staff responsible for inter-BCBS plans programs. Typically has five to seven years of related experience and three to five years of supervisory experience.

2865   BCBS Interplan Analyst
Responsible for communicating with out-of-state providers, members, and other BlueCross BlueShield plans regarding all plan benefits and claims processing. Develops procedures, systems, and presentations regarding inter-BCBS plans programs. May also develop educational and training materials for inter-BCBS plans programs. Keeps abreast of trends, events, and changes in government legislation and regulation impacting the BCBS plans.

Module 2 - Health Plan Operations Position Descriptions

2870   Program Manager - Senior
Under general direction, responsible for managing multiple multi-year programs spanning multiple years that impact one or more business units or one larger project. Within formal project management methodologies, plans project timeline and milestones, tracks progress, monitors and communicates project status regularly, and identifies and resolves issues related to project. Typically has project management certification. Typically requires BS/BA degree and five to seven years of related experience. Frequently has a MBA.

2872   Program Manager - Associate
Under general supervision, responsible for managing a multi-year program spanning multiple years and typically confined to a single business unit and/or function. Within formal project management methodologies, plans project timeline and milestones, tracks progress, monitors and communicates project status regularly, and identifies and resolves issues related to project. Typically has project management certification. Typically requires BS/BA degree and three to five years of related experience.

[N]2873   Project Management - Director
Directs and oversees effective management of multiple projects. Coordinates optimum allocation of financial and other organizational resources to project teams, supervising project managers. Requires project management certification. Typically requires BS/BA degree and eight or more years of related experience. Frequently has a MBA.

2875   Project Manager - Senior
Under general direction, responsible for managing multiple projects typically spanning at least one year that impact one or more business units or one larger project. Within formal project management methodologies, plans project timeline and milestones, tracks progress, monitors and communicates project status regularly, and identifies and resolves issues related to project. Typically has project management certification. Typically requires BS/BA degree and five to seven years of related experience, part of which should involve project management on a smaller scale. Frequently has a MBA.

2880   Project Manager - Associate
Under general supervision, responsible for managing projects that are on a limited timeframe and are typically confined to a single business unit and/or function. Within formal project management methodologies, plans project timeline and milestones, tracks progress, monitors and communicates project status regularly, and identifies and resolves issues related to project. Typically has project management certification. Typically requires BS/BA degree and three to five years of related experience.

2885   Provider Network Connectivity (EDI) Manager
Responsible for the daily operations of the department providing analysis and support to both internal and external customers regarding EDI-related issues (i.e., electronic exchange of data including enrollment, claims, payments, and clearinghouse activities). Researches, evaluates, and implements vendor partner initiatives and manages end-to-end implementation process (e.g., provider evaluation/coordination, vendor evaluation/coordination, completion of banking and contractual agreements, provider setup, testing, and activation.) Typically requires five or more years of experience in EDI.

2890   Provider Network Connectivity (EDI) Analyst - Senior
Under general direction, provides analysis and support to both internal and external customers on complex EDI-related issues (i.e., electronic exchange of data including enrollment, claims, payments, and clearinghouse activities). Responds to complex inquiries relating to EDI from providers and internal departments. May provide guidance or expertise to less experienced analysts. May help customers with modem set-up, connection protocols, etc. Typically requires three or more years of claims processing experience and/or technical helpdesk support experience and one to two years of experience in EDI.

2895   Provider Network Connectivity (EDI) Analyst - Associate
Under general supervision, provides analysis and support to both internal and external customers on EDI-related issues (i.e., electronic exchange of data including enrollment, claims, payments, and clearinghouse activities). Responds to inquiries relating to EDI from providers and internal departments. Typically requires less than three years of claims processing experience and/or technical helpdesk support experience.

2910   Manager, Disability/Workers' Compensation Claims
Responsible for the daily activities of the disability/workers' compensation function. Assists in establishing, coordinating, and implementing disability/workers' compensation claims policies and procedures. Directs unit quality review and corrective action plans. Typically has five to six years of experience in disability/workers' compensation claims with two years of management experience.

2925   Disability/Workers' Compensation Claims Specialist
Under general supervision, reviews, analyzes, investigates, makes liability decisions, and approves the release of benefit payments up to authorized levels on initial, continued, and reopened claims. Investigates questionable claims. Determines the need for additional medical information. Performs periodic follow-ups to verify continued existence of a disabling condition. Responds to inquiries from claimants, attorneys, physicians, and policy holders. Typically responsible for complex or specialty claims and has three to five years of experience processing and adjudicating claims.

Module 2 - Health Plan Operations Position Descriptions
2940   Disability/Workers' Compensation Nurse Case Manager
Facilitates quality cost effective care for injured/ill claimants via early assessment, intervention, and evaluation of claimant's medical status and healthcare requirements. Gathers information from claimant, family, medical providers, insured party, and claims staff throughout recovery and rehabilitation. Educates injured/ill claimant, insured party, and health care provider regarding claimant's response to treatment and progress. Evaluates components of the injured/ill claimant's job with claimant and employer. Clarifies critical job demands to suggest modifications/accommodations in compliance with government regulations. Requires clinical experience in applicable nursing specialty field and knowledge of medical case management or utilization review.

2945   Manager, Grievance & Appeals
Manages the formal grievance process to ensure the resolution of grievances and appeals consistent with organizational policies and procedures and which is compliant with state and federal guidelines. Prepares formal hearing briefs and/or appears at hearings as a representative of the organization. Oversees daily operations and case load assignments/priorities. Recruits, hires, trains, and coaches staff. Typically requires prior managerial experience and three to five years of managed care experience.

[D]**2950   Grievance & Appeal Nurse**
Responsible for the resolution of clinical complaints and appeals. Reviews documentation and interprets data obtained from clinical records to apply appropriate clinical criteria and policies in line with regulatory and accreditation requirements for member and provider issues. Independently coordinates the clinical resolution with internal/external clinician support as required. Documents and summarizes to all parties involved in the case the investigation's results. Typically requires an RN with three to five years of managed care experience.

2955   Grievance & Appeals Specialist
Receives, documents, investigates, refers, and coordinates grievances and appeals. Initiates case files for each grievance and ensures compliance with organizational and regulatory requirements. Typically requires two years billing, claims, customer service, or health insurance experience and familiarity with state and federal regulations.

2960   Business Consultant - Senior
Responsible for designing conceptual models, contracting, initiative planning, business results, and ongoing client relationship management and satisfaction for high value initiatives and parts of larger initiatives that impact the delivery of products and services that support the organization's marketplace strategy. Responsible for providing guidance and direction to external vendors, external consultants, consulting team members, and/or other staff as required in support of initiatives. Accountable for transferring knowledge, best practices (external and internal), methodology, and tools to client organizations.

2965   Business Consultant - Associate
Responsible for initiative planning, ongoing client relationship management, and the satisfaction for assigned initiatives that impact the delivery of products and services that support the organization's marketplace strategy. Collaborates with external vendors, external consultants, consulting team members, and/or other staff as required in support of initiatives. Accountable for transferring knowledge, best practices (external and internal), methodology, and tools to client organizations.

[N]**2970   RN Nurse Consultant - Senior**
Most senior level individual contributor role/subject matter expert. Responsible for managing the development and implementation of medical expense management initiatives. Advises leadership on improvement opportunities regarding medical expense programs and clinical activities that impact medical expense, as well as the effectiveness of medical expense programs. Requires an RN with current licensure. Typically requires eight or more years of experience.

[N]**2973   RN Nurse Consultant - Associate**
Assists in managing the development and implementation of medical expense management initiatives. Advises leadership on improvement opportunities regarding medical expense programs and clinical activities that impact medical expense, as well as the effectiveness of medical expense programs. Requires an RN with current licensure. Typically requires five to seven years of experience.

2975   Reporting Analyst (non-IT)
Responsible for collecting, validating, analyzing, and organizing data into meaningful reports for management decision making. Responsible for designing developing, testing and deploying reports to provider networks and other end users for operational and strategic analysis.

Position Incumbent Information

- Before completing the *Position Incumbent Information* tab, please take time to review the position descriptions.
- **Do not report average data for any position.**
- **Do not match the same incumbents to more than one survey position**, either within the same module or across multiple modules.
- Definitions of the variables and instructions for submitting data are provided below. **Note:** *Compensation data that you report should be current as of* **April 1, 2010**.

Facility ID - If you are a fully integrated system, enter the facility ID indicating the entity for which each incumbent is responsible, which corresponds to the Facility ID reported on the Participating Organization Summary.

Position Code - Enter the position code to identify each position being reported. Please refer to the position list provided on page 46 of this guide.

Incumbent Identifier - Submit a unique identifier specific to your organization for each incumbent reported. The number must be unique for each incumbent and preferably consistent from year to year. Using unique incumbent identifiers consistently from year to year better identifies trends. It may be alphanumeric up to nine characters. Please do not submit Social Security numbers or employee names. Do not include dashes or other formatting.

Your Organization's Position Title - Enter your organization's title for this position.

Reports To Position Title - Enter the title of the person to whom this position typically reports.

Your Organization's Position Code - For your reference and to facilitate imports/exports from your HRIS, enter your organization's position code for this position.

Zip Code of Incumbent's Workplace - Enter the five-digit zip code that corresponds to the incumbent's work location. Please ensure that codes beginning with "0" are reported as such.

Exempt - Enter a "1" for Yes or "2" for No to indicate if the position is exempt under the Fair Labor Standards Act (FLSA).

Position Match - Identify how closely the responsibilities of your organization's position correspond to those of the position description. Use the position match code:
1 - Your position has *less responsibility* than the position description.
2 - Your position *closely matches the responsibilities* of the position description.
3 - Your position has *greater responsibilities* than the position description.

Annual Base Pay - Enter the annual base pay of the incumbent effective as of April 1, 2010. **Do not** report average pay. **Do not** include part-time incumbents or contracted staff from outside sources. Report the data in annual, whole dollars (e.g., $32,500).

Annual Range Minimum and Maximum - A traditional pay structure has a minimum, midpoint, and maximum with a range spread of approximately 50% - 100%. If a traditional pay structure is used to manage pay for this position, then enter the minimum and maximum of the range for this position. **Do not** enter Broadband range information.

Sales Market Responsibility - Indicate whether the sales market for which the incumbent is responsible is considered a small, medium, or large-sized market. Definitions of these market sizes are listed below. *This item is collected for positions 3003, 3005, 3007, 3008, 3010, 3015, 3203, 3205, 3210, and 3215.*
1- Small - approximately 2 - 50 members
2- Medium - approximately 51 - 500 members and typically utilizes local consultants/brokers
3- Large - approximately 501 - 3000 members, typically utilizes regional consultants/brokers, and could be multi-state

Short-term Incentive (STI) Eligible - This refers to participation in an incentive plan with awards related to performance against selected criteria over a period of one year or less (e.g., an annual incentive plan or a project milestone bonus program).
1 - Yes
2 - No

Annual STI Threshold Percent (as Percent of Base) - Minimum incentive payout based on minimum performance requirements as a percent of base pay. **Note**: If your threshold is 5% please enter "5", not ".05".

Annual STI Target Percent (as Percent of Base) - If the position is eligible for a short-term incentive, enter the annual target percent as a percent of base pay based on the design elements of the plan. The target percent should reflect the payout if all goals for the year are met. If the target percent has changed from the prior year, enter the target percent that corresponds to the incentive amount to be reported for incumbents in the position. **Note:** If your target is 5% please enter "5", not ".05".

Annual STI Maximum Percent (as Percent of Base) - Indicate the maximum annual cash incentive, as a percent of base pay, for the position. **Note**: If your maximum is 5% please enter "5", not ".05".

Position Incumbent Information

Annual Short-term Incentive (STI) Amount - Enter the amount of incentive earned (but not necessarily paid out) in the most recently completed twelve-month incentive performance period. Exclude any non-performance-based incentives such as holiday bonuses, sign-on bonuses, retention bonuses, or mandatory deferred compensation payments. Profit sharing awards should be included in this category unless they are deferred for retirement benefit. If the incumbent was eligible for an incentive, but no incentive was given, enter "0." **Do not** report this information if the incumbent is not incentive eligible. Please see short-term incentive eligible for further definition. Report the incentive amount in annual whole dollars. If an incumbent receives a prorated amount please annualize. If it is not possible to provide an annual amount this field should be left blank. Short-term incentive amount should be at least $100 if annualized.

For **sales positions**, enter the amount of sales incentive (i.e., a formal plan found in sales organizations which include commissions, quotas, goals, etc.) earned, but not necessarily paid, in the most recently completed fiscal year.

STI Status for Non-Receivers - Use the following codes to identify the STI amount status for each incumbent who is eligible for a payout and either a zero or a blank was reported:
1 - Performance Goals not achieved
2 - New employee
3 - Payout amount not available
4 - Plan design change
5 - Other

Long-term Incentive (LTI) Eligible - Enter a "1" for Yes or "2" for No to indicate whether this incumbent is eligible for a long-term incentive. This refers to an incentive plan in which awards are typically related to performance against selected criteria over a period of more than one year. **Note:** If yes, please be sure to provide data for long-term incentive plan types offered and awarded.

LTI Plan Types Offered - Indicate which long-term incentive plan(s) are offered to this incumbent. Please insert a comma, without spaces between numbers, if multiple plans are offered (e.g., 11,21,32). A description about each of the plans follows:
11 - Stock/Share Options
12 - Share Appreciation Rights (SARs)
21 - Stock/Share/Share Unit Awards
31 - Performance Units
32 - Long-term Cash

Stock/Share Options - Stock/Share Options allow for the purchase of stock at a fixed price over a specified period. The exercise price is typically equal to the market price on the date of grant, but may be less than or greater than the market price on the date of grant.

Share Appreciation Rights (SARs) - Share Appreciation Rights provide an incumbent with the appreciation in market value of the share. They may be paid out in cash, stock, or a combination of cash and stock. No investment on the part of the incumbent is required. Share Appreciation Rights include Phantom Appreciation Shares. Phantom Appreciation Shares are an award denominated in hypothetical shares, the value of which is based on an increase in actual share value or another measure of organization value (e.g., book value). There are three types of Share Appreciation Rights:

Freestanding - SAR grant that is not attached to a stock option.
Limited - SAR that is exercisable only upon the occurrence of a specific event such as a change of control.
Tandem - SAR that is granted with a stock option. The exercise of one cancels the other.

Stock/Share/Share Unit Awards - Conditional grants of notional, actual or phantom shares of stock with vesting contingent upon employment for a specified period of time or achievement of specified performance goals over a multi-year performance period. The value of each share depends upon the market value of the share at the end of the vesting period. Share Awards include those that are commonly referred to as Restricted Stock, Restricted Stock Units, Performance Shares, Performance Share Units, or Phantom Full Value Shares.

Performance Units - Conditional grant denominated in units other than notional or actual shares, with payment contingent upon achievement of specified performance goals over a multi-year performance period. Performance Units are cash-denominated and not tied to the price of a share of stock. Although units are usually dollar-denominated, their value may also be based on other constructs, such as dividends or EPS (Earnings Per Share). Where the value of each unit is equal to $1.00, the incentive type is also known as "Long-term Cash."

Long-term Cash - A predetermined cash amount paid out contingent upon achievement of specified performance goals over a multi-year performance period.

Stock/Share Ownership Guidelines - Enter a "1" for Yes or "2" for No to indicate if there are stock/share ownership guidelines for this incumbent (i.e., formal guideline requiring individuals in a position to own a minimum number of shares of organization stock). This field should only be completed if the incumbent is LTI Eligible.

Module 3 - Health Plan Sales & Marketing Position List by Family

Sales and Account Management

Sales - Commercial Health Plans
3000	Senior Director, Sales
3003	Director, Sales
3005	Manager, Sales
3007	New Sales Representative - Senior
3008	New Sales Representative - Associate
3010	Sales Representative and Account Manager - Senior
3015	Sales Representative and Account Manager - Associate

Sales - Individual Health Policies
3050	Director, Sales - Individual Health Policies
3055	Manager, Sales - Individual Health Policies
3060	New Sales Representative - Individual Health Policies

Inside Sales/Telemarketing
3016	Manager, Inside Sales/Telemarketing
3017	Supervisor, Inside Sales/Telemarketing
3018	Inside Sales/Telemarketing Representative
3038	Medicare Inside Sales/Telemarketing Representative

Sales - Medicare/Medicaid Programs
3019	Director, Medicare Sales
3020	Manager, Medicare Sales
3025	Supervisor, Medicare Field Sales
3030	Medicare Field Sales Representative

Sales Support
3100	Director, Sales Support
3105	Manager/Supervisor, Sales Support
3115	Sales Support Specialist

Sales Incentive Administration
3125	Director, Sales Incentive Administration
3130	Manager/Supervisor, Sales Incentive Administration
3135	Sales Incentive Administration Specialist

Broker Relationships
3150	Manager, Broker Relations
3155	Broker Relations Representative

Account Management
3200	Senior Director, Account Management
3203	Director, Account Management
3205	Manager, Account Management
3210	Account Manager - Senior
3215	Account Manager – Associate

Account Services
3220	Account Service Representative - Inside
3223	Account Service Representative - Outside

Sales/Account Management - National Accounts
3225	Director, Account Management - National Accounts
3230	Account Manager - National Accounts - Senior
3235	Account Manager - National Accounts - Associate
3240	New Sales Representative - National Accounts

Sales/Account Management - Specialty Programs
3245	Manager, Account Management - Behavioral Health
3280	Account Manager - Specialty Programs
3290	New Sales Representative - Specialty Programs

Marketing, Advertising, and Communications

Marketing
3300	Director, Marketing
3305	Manager, Marketing
3310	Marketing Specialist - Senior
3315	Marketing Specialist - Associate

Marketing Research
3320	Director, Marketing Research
3325	Manager, Marketing Research
3330	Marketing Research Specialist - Senior
3335	Marketing Research Specialist - Associate

Competitive Intelligence
3400	Director, Competitive Intelligence
3405	Manager, Competitive Intelligence
3410	Analyst, Competitive Intelligence

Product Development
3360	Director, Product Development/Management
3365	Manager, Product Development/Management
3370	Product Manager - Senior
3375	Product Manager - Associate

Advertising
3340	Director, Advertising
3345	Manager, Advertising
3350	Advertising Specialist - Senior
3355	Advertising Specialist - Associate

Marketing/Sales Communications
3380	Director, Marketing/Sales Communications
3385	Manager, Marketing/Sales Communications
3390	Marketing/Sales Communications Specialist - Senior
3395	Marketing/Sales Communications Specialist – Associate

RFP
3450	Director, RFP
3455	Manager, RFP
3460	RFP Specialist - Senior
3465	RFP Specialist - Associate

Module 3 - Health Plan Sales & Marketing Position Descriptions

3000   Senior Director, Sales
Responsible for the overall sale of new business, new business to existing accounts, and account retention for a plan or specified geographic area. Manages client assignments, hires and trains sales staff, and manages close ratios. Develops and implements strategies and policies relating to new and renewal commercial sales and service. Typically requires eight or more years of experience, including four or more years of management experience. NOTE: This is a second level management role consisting of multiple incumbents, which may not exist in some organizations/locations.

3003   Director, Sales
Directs all prospect and sales activities for commercial products for a plan or specified geographic area. Responsible for the development and implementation of strategies and policies relating to new and renewal commercial sales and service. Typically requires seven or more years of experience with three or more years of management experience.

3005   Manager, Sales
Responsible for attaining sales objectives for a plan or specified geographic area. Develops and implements sales strategies to achieve membership growth. Responsible for the management of the sales force. Typically reports to Director, Sales. Typically requires six or more years of experience.

3007   New Sales Representative - Senior
Under general direction, develops and implements sales strategies for targeted key accounts in a plan, a territory, or a specified geographic area. Very knowledgeable of complete line of products and services and clients' issues and needs. Responsible for seeking out new clients. Typically has five or more years of related sales experience.

3008   New Sales Representative - Associate
Under general supervision, develops and implements sales strategies for a group of accounts in a plan, a territory, or a specified geographic area. Knowledgeable of complete line of products and services and clients' issues and needs. Responsible for seeking out new clients. Typically has less than five years of related sales experience.

3010   Sales Representative and Account Manager - Senior
Under general direction, develops and implements sales strategies for targeted key accounts in a plan, a territory, or a specified geographic area. Very knowledgeable of complete line of products and services and clients' issues and needs. Focuses on seeking out new clients, maintaining productive working relationships, and expanding sales with existing clients. Typically has five or more years of related sales experience.

3015   Sales Representative and Account Manager - Associate
Under general supervision, develops and implements sales strategies for a group of accounts in a plan, a territory, or a specified geographic area. Knowledgeable of complete line of products and services and clients' issues and needs. Focuses on seeking out new clients, maintaining productive working relationships, and expanding sales with existing clients. Typically has less than five years of related sales experience.

3016   Manager, Inside Sales/Telemarketing
Responsible for the inside sales/telemarketing unit of the organization. Oversees policies, procedures, and operating structure of the unit. Establishes and implements product/service standards. Typically requires three or more years of experience.

3017   Supervisor, Inside Sales/Telemarketing
Responsible for the daily operations of a team of representatives that respond to inbound calls inquiring about commercial health plans, place outbound calls based on leads, and complete the sale of products and/or services. Plans, directs, supervises, and evaluates work flow. Monitors performance of staff members, makes hiring decisions, and conducts performance appraisals. May approve special price concessions, quotes, bid allowances, or adjustments. Typically requires three or more years of experience.

3018   Inside Sales/Telemarketing Representative
Responds to inbound calls inquiring about commercial health plans, places outbound calls based on leads, and completes the sales of products and/or services. If not closed, arranges for field representative to visit prospect. Typically requires prior telemarketing experience.

3019   Director, Medicare Sales
Directs all prospect and sales activities for Medicare products for a specified geographic area. Responsible for the development and implementation of strategies and policies relating to Medicare sales and service. Typically requires seven or more years of experience with three to five years of management experience.

3020   Manager, Medicare Sales
Responsible for attaining Medicare sales objectives for a plan or a specified geographic area. Develops and implements sales strategies for Medicare products and services. Responsible for the management of the Medicare sales staff. Typically requires six or more years of experience with two to three years of supervisory experience.

3025   Supervisor, Medicare Field Sales
Responsible for the supervision of Medicare field sales staff in a specified geographic area. Assists in developing and implementing sales strategies for Medicare products and services. Provides expertise and assistance to Medicare field sales staff. Requires five or more years of experience in sales.

| C = Code Change | D = Description Change | N = New Position | S = Single Incumbent | T = Title Change |

Module 3 - Health Plan Sales & Marketing Position Descriptions

3030   Medicare Field Sales Representative
Responsible for selling Medicare products and services. May make sales presentations to potential qualified Medicare participants at their homes, doctors' offices, etc. using approved governmental guidelines. May initiate sales opportunities with seniors--individually or in groups--to sell individual Medicare supplemental policies. Makes on-site presentations to prospective seniors or senior groups to increase enrollment. Qualifies prospects on site and closes sale if possible, otherwise, refers to inside sales for follow-up. Typically requires one to two years of sales experience.

3038   Medicare Inside Sales/Telemarketing Representative
Responsible for selling activities related to inbound calls inquiring about Medicare products. Qualifies prospects and attempts to close sale. If not closed, arranges for field representative to visit prospect. May originate calls from leads. Typically requires prior telemarketing experience.

3050   Director, Sales - Individual Health Policies
Directs all prospect and sales activities for individual health plan policies for a specified geographic area. Responsible for the development and implementation of strategies and policies relating to the sales and service of individual health plans. Typically requires seven or more years of related experience with three to five years of management experience.

3055   Manager, Sales - Individual Health Policies
Responsible for the individual health policy sales staff in a specified geographic area. Assists in the development and implementation of sales strategies for individual health plan products and services. Provides expertise and assistance to sales staff. Typically requires five or more years of related experience.

3060   New Sales Representative - Individual Health Policies
Primary responsibility includes prospecting and generating new health plan policy sales to individuals.

3100   Director, Sales Support
Directs sales support services and operations. Supports the development and implementation of customized products and product enhancements. Responsible for developing, planning, and carrying out departmental projects, goals, and budgets. Typically requires seven or more years of experience with three to five years of management experience.

3105   Manager/Supervisor, Sales Support
Responsible for the daily operations of sales support services. Interacts with underwriting in coordinating rate quotes, with brokers to help manage flow of proposal packages and quotes, and with employer groups in resolving daily service issues. May also assist with RFPs and participate in open enrollment meetings. Responsible for hiring, training, and firing staff. Typically requires five or more years of experience.

3115   Sales Support Specialist
Responsible for case-specific sales support processes. Interacts with underwriting in coordinating rate quotes, with brokers to help manage flow of proposal packages and quotes, and with employer groups in resolving daily service issues.

3125   Director, Sales Incentive Administration
Responsible for the sales incentive administration process, which includes distributing incentive payments, communicating incentive plans and payment details. Typically holds a Bachelor's degree with seven or more years of experience with three to five years of management experience.

3130   Manager/Supervisor, Sales Incentive Administration
Responsible for the daily operations of the sales incentive administration process. Resolves any pay or service issues. Responsible for hiring, training, and firing staff. Typically requires five or more years of experience.

3135   Sales Incentive Administration Specialist
Responsible for calculating and paying sales commissions. Interacts with sales employees to resolve any issues or explain sales payment details.

3150   Manager, Broker Relations
Responsible for managing and maintaining strategic relationships with health benefits consultants and brokers external to the organization. Develops and implements marketing plans and troubleshoots operations issues and may lead broker training seminars. Typically requires a Bachelor's degree and at least 3 years of healthcare and sales experience.

3155   Broker Relations Representative
Under general direction, assists in maintaining and promoting a favorable business relationship with the brokerage community. Ensures broker commissions are paid accurately and timely. Addresses and handles concerns, issues and questions from brokers and customers. Typically has more than 3 years experience in health insurance sales.

Module 3 - Health Plan Sales & Marketing Position Descriptions

3200   Senior Director, Account Management

Directs the strategic planning for client renewal and retention strategies for the account management function for a plan or specified geographic area. Develops and executes account strategies that result in revenue growth. Works with internal and external business partners to ensure that account expectations are met. Provides leadership and direction to the account management function and its staff. Typically requires eight or more years of experience with four or more years of management experience. NOTE: This is a second level management role consisting of multiple incumbents, which may not exist in some organizations/locations.

3203   Director, Account Management

Responsible for client retention and possible new business sales to existing accounts for a plan or specified geographic area. Manages client assignments and recruits and coaches team. Develops and implements strategies and policies relating to account management. Typically requires seven or more years of experience with three or more years of management experience.

3205   Manager, Account Management

Responsible for growing membership within existing accounts and for directly managing business relationships with client accounts. Manages the account managers and the administrative staff. Ensures that systems and processes are in place to meet the needs of internal and external clients. Typically requires six or more years of experience.

3210   Account Manager - Senior

Under general direction, manages the relationship with the larger and/or complex accounts. Responsible for managing a book of business for existing accounts. Responsible for reviewing accounts, selling new business to existing accounts, and converting accounts to a higher level of managed care. May provide guidance or expertise to less experienced account managers. May also be responsible for new account installation. Typically has five or more years of related experience.

3215   Account Manager - Associate

Under general supervision, manages the relationship with existing accounts. Responsible for managing a book of business for existing accounts. Responsible for reviewing accounts, selling new business to existing accounts, and converting accounts to a higher level of managed care. May also be responsible for new account installation. Typically has less than five years of related experience.

3220   Account Service Representative - Inside

Responsible for responding to inquiries, solving problems, and ensuring client satisfaction with products and service. Coordinates with the account benefits manager to ensure needs are met and potential problems are averted. Keeps account manager informed of account status and opportunities for expanded business.

3223   Account Service Representative - Outside

Responsible for the on-going service and maintenance of new and existing accounts. Conducts on-site presentations to existing and prospective clients to educate, inform, and gather feedback. Keeps account manager informed of account status and opportunities for expanded business.

3225   Director, Account Management - National Accounts

Directs and oversees a number of national account manager positions. Responsibilities include implementing sales strategies to achieve revenue targets through selling new business to existing accounts, managing major account relationships, and organizing and developing the national accounts sales force. Typically requires seven or more years of experience with three to five years of management experience.

3230   Account Manager - National Accounts - Senior

Under general direction, primary responsibility includes strategic account management for large and/or complex national accounts. Also, responsible for the sales of additional products and services to existing accounts. In some organizations, this position may also be responsible for generating or assisting in new sales for national accounts. Typically has five or more years of related experience.

3235   Account Manager - National Accounts - Associate

Under general supervision, primary responsibility includes strategic account management for national accounts. Also responsible for the sales of additional products and services to existing accounts. In some organizations, this position may also be responsible for generating or assisting in new sales for national accounts. Typically has less than five years of related experience.

3240   New Sales Representative - National Accounts

Primary responsibility includes prospecting and generating new sales for national accounts.

3245   Manager, Account Management - Behavioral Health

Manages overall services for an assigned market to achieve growth, membership, and earning goals in the Behavioral Health area. Coordinates client service level agreements. Works with account managers and other service staff to develop strong account management competencies, assess performance, and provide guidance. Services a book of business within the Behavioral Health area.

Module 3 - Health Plan Sales & Marketing Position Descriptions
3280   Account Manager - Specialty Programs
Manages the relationship with existing accounts for specialty programs such as dental, vision, behavioral health, pharmacy or EAP (Employee . Responsible for managing a book of business for existing accounts. Responsible for reviewing accounts, selling new business to existing accounts, and converting accounts to a higher level of managed care. May also be responsible for new account installation.

3290   New Sales Representative - Specialty Programs
Primary responsibility includes prospecting and generating new sales for specialty programs such as dental, vision, behavioral health, pharmacy or EAP (Employee Assistance Program).

3300   Director, Marketing
Responsible for organizing and managing the marketing function. Develops, implements, and executes marketing strategies and plans to achieve annual and long-term goals. Typically holds a Bachelor's degree in a related area with seven or more years of experience.

3305   Manager, Marketing
Responsible for the daily operations of the marketing function. Assists in the development of marketing strategies. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in a related area with six or more years of experience.

3310   Marketing Specialist - Senior
Under general direction, responsible for preparing proposal presentation and marketing materials. Coordinates the distribution of internal and external marketing literature. May provide expertise and guidance to less experienced specialists. Typically has three or more years of experience.

3315   Marketing Specialist - Associate
Under general supervision, assists in preparing proposal presentation and marketing materials. Coordinates the distribution of internal and external marketing literature. Typically has less than three years of experience.

3320   Director, Marketing Research
Directs the marketing research functions for the organization. Develops, implements, and executes marketing research strategies and plans to achieve annual and long-term goals. Monitors competitors' activities and develops ways to differentiate the organization from competitors. Typically holds a Bachelor's degree in a related area with seven or more years of experience.

3325   Manager, Marketing Research
Designs and manages marketing research projects. Monitors and analyzes competitors and potential competitors. May assist in developing and implementing marketing research strategies. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in a related area with six or more years of experience.

3330   Marketing Research Specialist - Senior
Under general direction, responsible for research and competitive analysis for marketing projects. Works with other functional areas to collect information. Analyzes and interprets data and recommends changes to marketing program. May provide expertise and guidance to less experienced specialists. Typically has three or more years of experience.

3335   Marketing Research Specialist - Associate
Under general supervision, assists with research and competitive analysis for marketing projects. Works with other functional areas to collect information. Analyzes and interprets data and assists in making recommendations for changes to the marketing programs. Typically has less than three years of experience.

3340   Director, Advertising
Develops and implements advertising strategies, which includes programs related to advertising and sales promotion. Manages advertising relationships. Advises management in developing the organization's business plans and strategies to attain sales and profit objectives through advertising. Typically holds a Bachelor's degree in a related area with seven or more years of experience.

3345   Manager, Advertising
Responsible for the daily operations of advertising and sales promotion projects/programs. Assists in the development of advertising strategies. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in a related area with six or more years of experience.

3350   Advertising Specialist - Senior
Under general direction, researches, writes, and edits advertising materials. Responsible for the printing and maintenance of new and current materials. May provide guidance or expertise to less experienced specialists. Typically has three or more years of experience.

3355   Advertising Specialist - Associate
Under general supervision, writes and edits frequently distributed materials such as newsletters and manuals. Verifies the accuracy of written materials. Typically has less than three years of experience.

Module 3 - Health Plan Sales & Marketing Position Descriptions

3360   Director, Product Development/Management
Directs the development of new products and the strategies used for implementation. Directs the formulation and implementation of business plans. Typically holds a Bachelor's degree in a related area with seven or more years of experience.

3365   Manager, Product Development/Management
Responsible for identifying and investigating emerging new product opportunities within a defined range of responsibility (e.g., health information reporting, retiree products, group health products). Manages staff in the design, development, and testing of select new products. Helps to formulate business plans to develop and implement products. Implements business plans and creatively solves product design, financial, marketing, or administrative problems. Typically holds a Bachelor's degree in a related area with six or more years of experience.

3370   Product Manager - Senior
Under general direction, responsible for the development, implementation, and maintenance of assigned products. Responsible for product design and providing technical assistance to less experienced product managers. Typically has three or more years of experience.

3375   Product Manager - Associate
Under general supervision, supports the design, development, and implementation process of new products. Evaluates performance and feedback regarding products. Typically has less than three years of experience.

3380   Director, Marketing/Sales Communications
Responsible for organizing and managing the marketing/sales communication team. Develops, implements, and executes marketing/sales communications strategies and plans to achieve annual and long-term goals. Participates in sales strategy meetings and works closely with the sales, marketing, underwriting, and operations departments. Typically holds a Bachelor's degree with seven or more years of experience.

3385   Manager, Marketing/Sales Communications
Responsible for the daily operations of the marketing/sales communications team. Assists in the development and implementation of marketing/sales communication strategies and overall product sales positioning which may include one or more of the following: executive summaries, proposal templates, facts sheets, cover letters, and public relations copy. Participates in sales strategy meetings and works closely with the sales, marketing, underwriting, and operations departments. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in a related area with six or more years of experience.

3390   Marketing/Sales Communications Specialist - Senior
Under general direction, maintains and writes overall product sales positioning which may include one or more of the following: executive summaries, proposal templates, facts sheets, cover letters, and public relations copy. May participate in sales strategy meetings with the sales, underwriting, marketing, and operations departments. Provides expertise and guidance to less experienced writers. Typically has three or more years of experience.

3395   Marketing/Sales Communications Specialist - Associate
Under general supervision, may assist in maintaining and writing overall product sales positioning which may include one or more of the following: executive summaries, proposal templates, facts sheets, cover letters, and public relations copy. May participate in sales strategy meetings with the sales, underwriting, marketing, and operations departments. Typically has less than three years of experience.

3400   Director, Competitive Intelligence
Responsible for developing and managing a corporate strategic, primary intelligence system for information/insights on competitors, market changes, industry trends and regulatory issues. Works closely with leadership to determine the focus of key intelligence topics based on the strategic needs of the company, to evaluate and interpret intelligence information and insights, and to ensure that the primary intelligence needs of key policy and decision-makers are identified and satisfied in a timely fashion. Typically requires a minimum of 10-15 years' experience in collection, analysis, and the production of finished intelligence products.

3405   Manager, Competitive Intelligence
Manages the development and delivery of strategic and tactical information, analysis and recommendations/opinions concerning the organization's competitive position in the market place. Responsible for developing a strong team of consultants/subject matter experts who can act as project leaders on strategic and tactical projects/studies of varying scope, magnitude and complexity.

3410   Analyst, Competitive Intelligence
Responsible for planning, organizing, and conducting market and competitive intelligence projects through primary research methods. Interacts with internal departments on project basis. Leads/manages projects related to market and competitive intelligence. Requires Bachelor's degree, in Business, Research or Statistics and typically has 5 to 7 years CI/ MI industry and research, analysis and systems.

Module 3 - Health Plan Sales & Marketing Position Descriptions

3450   Director, RFP

Responsible for organizing and managing the RFP team. Develops, implements, and executes strategies and plans to achieve annual and long-term goals. Participates in strategy meetings and works closely with the sales, marketing, underwriting, and operations departments. Typically holds a Bachelor's degree with seven or more years of experience.

3455   Manager, RFP

Responsible for the daily operations of the RFP team. Assists in the development of RFPs and may participate in strategy meetings. Works closely with the sales, marketing, underwriting, and operations departments. Responsible for hiring, training, and firing staff. Typically holds a Bachelor's degree in a related area with six or more years of experience.

3460   RFP Specialist - Senior

Under general direction, writes the responses to RFPs and may participate in strategy meetings with the sales, underwriting, marketing, and operations departments. May provide expertise and guidance to less experienced writers. Typically has three or more years of experience.

3465   RFP Specialist - Associate

Under general supervision, writes responses to RFP's and may participate in strategy meetings with the sales, underwriting, marketing, and operations departments. Typically has less than three years of experience.

Position Incumbent Information

- Before completing the *Position Incumbent Information* tab, please take time to review the position descriptions.
- **Do not report average data for any position.**
- **Do not match the same incumbents to more than one survey position**, either within the same module or across multiple modules.
- Definitions of the variables and instructions for submitting data are provided below. **Note:** *Compensation data that you report should be current as of* **April 1, 2010**.

Facility ID - Enter the facility ID indicating the facility for which each incumbent is responsible, which corresponds to the Facility ID reported on the Participating Organization Summary.

Position Code - Enter the position code to identify each position being reported. Please refer to the position list provided on pages 57-58 of this guide.

Incumbent Identifier - Submit a unique identifier specific to your organization for each incumbent reported. The number must be unique for each incumbent and preferably consistent from year to year. Using unique incumbent identifiers consistently from year to year better identifies trends. It may be alphanumeric up to nine characters. Please do not submit Social Security numbers or employee names. Do not include dashes or other formatting.

Position Tenure - Enter a "1" for Yes or "2" for No to indicate whether the incumbent was in this same position April 1, 2009.

Your Organization's Position Title - Enter your organization's title for this position.

Reports To Position Title - Enter the title of the person to whom this position typically reports.

Your Organization's Position Code - For your reference and to facilitate imports/exports from your HRIS, enter your organization's position code for this position.

Facility Responsibility - Enter a "1" for Single or "2" for Multiple to indicate if the position has responsibility for a single facility or multiple facilities.

Law Degree - Enter a "1" for Yes or "2" for No to indicate whether the incumbent has a law degree. *This item is collected for positions 4279A and 4285A.*

MD - Enter a "1" for Yes or "2" for No to indicate whether the incumbent has a medical degree. *This item is collected only for positions 4000A, 4100A, and 4459A.*

Chairman of the Board - Enter a "1" for Yes or "2" for No to indicate whether the incumbent serves as Chairman of the Board of Directors. *This item is collected for positions 4000A and 4100A only.*

Gross Revenue Responsibility - Enter the gross amount of revenue for which each incumbent is responsible. *This item is collected for positions 4107A, 4233A, 4236A, 4259A, 4324A, 4329A, and 4600A.*

Number of Facilities for Which Incumbent is Responsible - Enter the number of facilities for which each incumbent is responsible. *This item is collected for positions 4107A, 4233A, 4236A, 4259A, 4324A, and 4329A.*

Charitable Gifts Responsibility - Enter the total dollar amount of all charitable gifts the incumbent is responsible for collecting/managing during a twelve-month period. *This item is collected only for position 4240A.*

Zip Code of Incumbent's Workplace - Enter the five-digit zip code that corresponds to the incumbent's work location. Please ensure that codes beginning with "0" are reported as such.

Organization Level - Identify the reporting level of the position in relation to the organization's top management position. The top management position is typically Organization Level 1 and is the only position that can be reported at this level. Any positions that report to the Level 1 position are at Organization Level 2, and those positions reporting to Level 2 positions are at Organization Level 3.

Position Match - Identify how closely the responsibilities of your organization's position correspond to those of the position description. Use the position match code:
1 - Your position has *less responsibility* than the position description.
2 - Your position *closely matches the responsibilities* of the position description.
3 - Your position has *greater responsibilities* than the position description.

Annual Base Pay - Enter the annual base pay of the incumbent effective as of April 1, 2010. **Do not** report average pay. **Do not** include part-time incumbents or contracted staff from outside sources. Report the data in annual, whole dollars (e.g., $32,500).

Annual Range Minimum and Maximum - A traditional pay structure has a minimum, midpoint, and maximum with a range spread of approximately 50% - 100%. If a traditional pay structure is used to manage pay for this position, then enter the minimum and maximum of the range for this position. **Do not** enter Broadband range information.

Position Incumbent Information

Short-term Incentive (STI) Eligible - This refers to participation in an incentive plan with awards related to performance against selected criteria over a period of one year or less (e.g., an annual incentive plan or a project milestone bonus program).
1 - Yes
2 - No

Annual STI Threshold Percent (as Percent of Base) - Minimum incentive payout based on minimum performance requirements as a percent of base pay. **Note**: If your threshold is 5% please enter "5", not ".05".

Annual STI Target Percent (as Percent of Base) - If the position is eligible for a short-term incentive, enter the annual target percent as a percent of base pay based on the design elements of the plan. The target percent should reflect the payout if all goals for the year are met. If the target percent has changed from the prior year, enter the target percent that corresponds to the incentive amount to be reported for incumbents in the position. **Note:** If your target is 5% please enter "5", not ".05".

Annual STI Maximum Percent (as Percent of Base) - Indicate the maximum annual cash incentive, as a percent of base pay, for the position. **Note**: If your maximum is 5% please enter "5", not ".05".

Annual Short-term Incentive (STI) Amount - Enter the amount of incentive earned (but not necessarily paid out) in the most recently completed twelve-month incentive performance period. Exclude any non-performance-based incentives such as holiday bonuses, sign-on bonuses, retention bonuses, or mandatory deferred compensation payments. Profit sharing awards should be included in this category unless they are deferred for retirement benefit. If the incumbent was eligible for an incentive, but no incentive was given, enter "0." **Do not** report this information if the incumbent is not incentive eligible. Please see short-term incentive eligible for further definition. Report the incentive amount in annual whole dollars. If an incumbent receives a prorated amount please annualize. If it is not possible to provide an annual amount this field should be left blank. Short-term incentive amount should be at least $100 if annualized.

STI Status for Non-Receivers - Use the following codes to identify the STI amount status for each incumbent who is eligible for a payout and either a zero or a blank was reported:
1 - Performance Goals not achieved
2 - New employee
3 - Payout amount not available
4 - Plan design change
5 - Other

Long-term Incentive (LTI) Eligible - Enter a "1" for Yes or "2" for No to indicate whether this incumbent is eligible for a long-term incentive. This refers to an incentive plan in which awards are typically related to performance against selected criteria over a period of more than one year. **Note:** If yes, please be sure to provide data for long-term incentive plan types offered and awarded.

LTI Plan Types Offered - Indicate which long-term incentive plan(s) are offered to this incumbent. Please insert a comma, without spaces between numbers, if multiple plans are offered (e.g., 11,21,32). A description about each of the plans follows:
11 - Stock/Share Options
12 - Share Appreciation Rights (SARs)
21 - Stock/Share/Share Unit Awards
31 - Performance Units
32 - Long-term Cash

Stock/Share Options - Stock/Share Options allow for the purchase of stock at a fixed price over a specified period. The exercise price is typically equal to the market price on the date of grant, but may be less than or greater than the market price on the date of grant.

Share Appreciation Rights (SARs) - Share Appreciation Rights provide an incumbent with the appreciation in market value of the share. They may be paid out in cash, stock, or a combination of cash and stock. No investment on the part of the incumbent is required. Share Appreciation Rights include Phantom Appreciation Shares. Phantom Appreciation Shares are an award denominated in hypothetical shares, the value of which is based on an increase in actual share value or another measure of organization value (e.g., book value). There are three types of Share Appreciation Rights:

> Freestanding - SAR grant that is not attached to a stock option.
> Limited - SAR that is exercisable only upon the occurrence of a specific event such as a change of control.
> Tandem - SAR that is granted with a stock option. The exercise of one cancels the other.

Stock/Share/Share Unit Awards - Conditional grants of notional, actual or phantom shares of stock with vesting contingent upon employment for a specified period of time or achievement of specified performance goals over a multi-year performance period. The value of each share depends upon the market value of the share at the end of the vesting period. Share Awards include those that are commonly referred to as Restricted Stock, Restricted Stock Units, Performance Shares, Performance Share Units, or Phantom Full Value Shares.

Position Incumbent Information

Performance Units - Conditional grant denominated in units other than notional or actual shares, with payment contingent upon achievement of specified performance goals over a multi-year performance period. Performance Units are cash-denominated and not tied to the price of a share of stock. Although units are usually dollar-denominated, their value may also be based on other constructs, such as dividends or EPS (Earnings Per Share). Where the value of each unit is equal to $1.00, the incentive type is also known as "Long-term Cash."

Long-term Cash - A predetermined cash amount paid out contingent upon achievement of specified performance goals over a multi-year performance period.

Stock/Share Ownership Guidelines - Enter a "1" for Yes or "2" for No to indicate if there are stock/share ownership guidelines for this incumbent (i.e., formal guideline requiring individuals in a position to own a minimum number of shares of organization stock). This field should only be completed if the incumbent is LTI Eligible.

LTI Plan Award - Indicate which long-term incentive plan award type you are reporting. Use a separate column for the most recent grant received by the incumbent for each LTI program in which the incumbent is eligible to participate and actually received an award/grant.

Plan Structure - For all plan types, indicate the structure of the plan from which the award has been made:
1 - Fixed Amount Award: Typically, these awards are service based. When performance criteria apply, they do not have a downside or upside potential; in some markets, this type of award may commonly be referred to as an "All or Nothing" type of award.
2 - Defined Target Award (with higher/lower payout potential): These awards include a "target" number of shares/share units corresponding to target performance. The number of shares awarded may be more or less based upon actual performance (e.g., payouts may be 0% to 200% of target).
3 - Defined Maximum Award (with lower payout potential): These awards include a "maximum" number of shares/share units corresponding to performance. The number of shares awarded may be less based upon performance.

Maximum Award as a Percent of Target (For Plan Structure 2 Only) - For plans with a structure of "Defined Target Award (with higher/lower payout potential)" indicate the maximum potential award as a percent of target. For example, if maximum performance targets are met, the award payout may be up to 200% of the target. Thus, 200 should be entered.

How LTI Grant Vests - For all plan types, indicate how vesting, the point in time that the grant is considered "owned" by the recipient, is determined:
1 - Service Based: The grant becomes vested by continued employment and is not contingent on achievement of financial or internal goals.
2 - Performance Based: The grant becomes vested when a financial target, such as total shareholder return, (i.e., change in share price plus dividends), or an internal metric is met.
3 - Performance Accelerated: The service based vesting period of the grant can be reduced based upon the achievement of a financial target or an internal metric.

Note: If the award vests based on service and has an escalator based on performance, please report the grant as two separate awards - the service based award and the performance based additional component. Combination grants such as these should have a "base line" award that vests on service only with an incremental award that is contingent on performance.

Performance Measure - For all awards with Performance Based vesting, please provide the Performance Measure that is used to determine the level of payout:
1 - Relative Total Shareholder Return Only: Used to compare the performance of the incumbent's company to peer companies' stocks and shares over time. Share price appreciation is combined with reinvestment of dividends paid to show the total return to the shareholder. The plan award is dependent upon the incumbent's company positioning versus the peer group.
2 - Multiple Measures including Relative Total Shareholder Return
3 - Multiple Measures not including Relative Total Shareholder Return
4 - Other

Grant Currency - For all plan types, indicate the currency in which the grant was issued:
AUD - Australian Dollar
CAD - Canadian Dollar
CHF - Swiss Franc
DKK - Danish Krone
EUR - Euro
GBP - British Pound
JPY - Japanese Yen
MXN - Mexican Peso
NOK - Norwegian Kroner
USD - United States Dollar
ZAR - South African Rand

Grant Date - Indicate the month, day, and year (MM/DD/YYYY) of the most recent award of this plan type. If multiple grants have been awarded (e.g., eligible for multiple plans), enter each grant separately in the columns provided. **Please do not report grants that were awarded prior to January 1, 2009**.

Position Incumbent Information

Number of Options/Shares/Performance Units - Indicate the number of options, shares, or performance units awarded in the most recent grant to this incumbent. For plans with a structure of "Fixed Amount," this field should reflect the number of options/shares/performance units that would be awarded upon achievement of the vesting criteria. For plans with a structure of "Defined Target (with higher/lower payout potential)," this field should reflect the number of options/shares/performance units that would be awarded if "target" performance is met. For plans with a structure of "Defined Maximum (with lower payout potential)," this field should reflect the number of options/shares/performance units that would be awarded if "maximum" performance is met. For Long-term Cash awards, this field should be empty.

Long-term Cash Amount - For Long-term Cash awards, enter the most recent cash award grant amount. Report the total predetermined cash award to be paid assuming specified performance goals are met. For instance, if $100,000 would be paid at 33% per year for meeting specific goals over a three year performance period, report the entire $100,000 award. If there is upside/downside in the ultimate payout depending on performance, enter the "target" cash award for meeting target performance.

Grant Price per Share - Indicate the per share or unit price at the most recent grant date:

- For Stock/Share Options and Share Appreciation Rights provide the exercise price per share of the Stock/Share Option or Share Appreciation Right.
- For Stock/Share/Share Unit Awards provide the grant price per share/share unit of the award.
- For Performance Units provide the per unit value of the Performance Unit award.
- For Long-term Cash awards this field should be empty.

Market Price per Share on Grant Date - If the market price at the date of grant is different than the grant price, indicate the market price of each option, share, or unit at the most recent grant date. This value is not affected by the application of premiums or discounts that may have been applied at the time of the grant. This is simply the market price for one single share or unit.

Total Accounting Cost per Share on Grant Date (FAS 123R, IFRS2) - For plan types 11 and 12, provide the total accounting cost, on a per share basis, associated with this award for financial reporting purposes. Please do not provide the aggregate cost of the grant or the annual expense accrual. For example, if 100 options with a three year vesting period and a total accounting cost per share of $15 are awarded to an employee, please report $15, as opposed to the $5 that would be expensed annually over the three year vesting period, or $1,500 that would be the aggregate cost of the grant.

Grant Frequency - Indicate the frequency of grant offerings to this incumbent for the plan reported:
1 - Every year
2 - Every 2 years
3 - Every 3 years
4 - Upon Hire/Promotion
5 - Special One Time Grant (e.g., key employees, recognition, discretionary)
6 - Quarterly
7 - Semi-annually

Term of Grant (For Plan Types 11 and 12 Only) - Indicate the term (award life) in number of years of the grant awarded. The term is the maximum period of time for which the grant is available to the incumbent and after which the options expire. This is NOT the performance period or vesting period which may apply to the award. The term of grant should only be provided for Plan Types 11 and 12.

Vesting Period - For all plan types, indicate the amount of time required for the options/shares/performance units/long-term cash to vest and (in the case of options) become exercisable in full:
1 - 1 Year
2 - 2 Years
3 - 3 Years
4 - 4 Years
5 - 5 Years
6 - More than 5 Years
7 - At Grant (Immediately)
8 - Other

Vesting Other - For an answer of 8 (Other) in the "Vesting Period" data element, indicate the amount of time the options/shares/performance units/long-term cash vest and (in the case of options) become exercisable in full.

Type of Vesting - For all plan types, indicate the type of vesting applicable to the reported grant.
1 - Installment Vesting (vesting occurs over a period of time, typically 3 to 5 years)
2 - Cliff Vesting (vesting occurs all at one time)

Module 4A - Healthcare Provider System Executives & Management Position List by Family

Senior Executives

[s]4000A President/Chief Executive Officer (CEO) - Non-Hospital Healthcare System
[s]4100A President/Chief Executive Officer (CEO) - Hospital System
[s]4102A Chief Operating Officer (COO)
[s]4103A Top Administrative Services Executive
[s]4104A Special Assistant to the Chief Executive Officer
4107A Group/Regional Executive Officer
[s]4108A Top Hospital Operations Executive

Academic Medical Schools

[s]4106A Chief Academic Officer
[s]4109A Dean of the School of Medicine
[s]4110A Head of Graduate Medical Education

Development/Planning

[s]4340A Head of Management Engineering
[s]4342A Top Business Strategy & Development Executive
4345A Senior Business Consultant, Mergers & Acquisitions
[s]4346A Top Mergers & Acquisitions Executive
[s]4391A Top Strategic Planning Executive
[s]4393A Head of Organizational Mission Services
[s]4394A Head of Organizational Efficiency

Financial

[s]4111A Head of Patient Accounting
[s]4230A Chief Financial Officer (CFO)
4231A 2nd Level Finance Executive
[s]4232A Top Budget Executive
4233A Group/Regional Head of Business Office
[s]4234A Head of Business Office
4236A Group/Regional Finance Executive
[s]4237A Controller
[s]4238A Treasurer
[s]4323A Head of Revenue Cycle
4324A Group/Regional Head of Clinical Reimbursement
[s]4325A Head of Reimbursement
4329A Group/Regional Head of Managed Care
[s]4330A Head of Managed Care
[s]4490A Top Risk Management Executive
[s]4495A Top Internal Audit Executive
[s]4497A Head of Payroll

Health Information/Patient Relations

[s]4112A Head of Admitting/Patient Registration
[s]4113A Head of Health Information Management
[s]4114A Head of Patient Relations
[s]4115A Head of Case Management
[s]4290A Head of Library Services

External Relations

[s]4240A Head of Foundation
[s]4243A Head of Foundation - Major Gifts
[s]4245A Head of Foundation - Annual Giving
[s]4359A Top Sales and Marketing Executive
[s]4360A Top Marketing Executive
[s]4361A Top Public Relations Executive
4362A Marketing/Public Relations Director
[s]4363A Top Communications Executive
[s]4364A Top Government Relations Executive
[s]4365A Head of Community Health
[s]4366A Head of Physician Relations
[s]4367A Top Investor Relations Executive

Legal/Compliance

[s]4279A Corporate Board Secretary
[s]4280A Chief Legal Counsel/Top Legal Services Executive
4281A Deputy Legal Counsel
4282A Associate General Counsel
[s]4285A Chief Compliance Officer
4286A Compliance Director
[s]4287A Chief Privacy Officer

Human Resources

[s]4190A Top Staff Education & Training Executive
[s]4195A Top Employee & Labor Relations Executive
4259A Group/Regional Human Resources Executive
[s]4260A Top Human Resources Executive
4261A Human Resources Director
[s]4263A Top Compensation and Benefits Executive
[s]4264A Top Compensation Executive
[s]4265A Top Benefits Executive
[s]4266A Top Organizational Development/Learning Executive
[s]4267A Head of Medical Staff Services/Credentialing
[s]4431A Head of Physician Recruitment
[s]4432A Head of Clinical Recruitment

Information Systems

[s]4165A Chief Information Officer (CIO)
4167A 2nd Level Information Systems Executive
[s]4168A Top E-commerce Executive
[s]4170A Top Telecommunications Executive
[s]4175A Head of Medical Informatics

Module 4A - Healthcare Provider System Executives & Management Position List by Family

Support Services

^{s}4160A	Head of Child Care Center
^{s}4200A	Head of Environmental Services
^{s}4201A	Head of Housekeeping
^{s}4202A	Head of Laundry
^{s}4219A	Top Facilities Construction Executive
^{s}4220A	Top Facilities Management Executive
^{s}4221A	Head of Plant Engineering
^{s}4390A	Head of Operations
^{s}4395A	Head of Biomedical/Clinical Engineering
^{s}4410A	Head of Pastoral Care
^{s}4500A	Top Physical Security Executive
^{s}4505A	Top Environmental Health and Safety Executive
^{s}4510A	Head of Social Services
^{s}4530A	Head of Support Services
^{s}4540A	Head of Volunteer Services

Materials Management

^{s}4310A	Top Materials Management Executive
^{s}4311A	Top Purchasing Executive

Food and Nutrition

^{s}4180A	Head of Food & Nutrition Services Quality Management/Utilization Management
^{s}4459A	Head of Quality Assurance (MD)
^{s}4460A	Head of Utilization Review
^{s}4461A	Head of Quality Assurance (non-MD)
^{s}4462A	Head of Total Quality Management/CQI
4463A	Quality Assurance Manager

Medical/Nursing Executives

^{s}4191A	Head of Nursing Education
^{s}4320A	Chief Medical Officer (CMO)
4321A	2nd Level/Associate Medical Director
^{s}4326A	Head of Clinical Reimbursement
^{s}4380A	Top Nursing Executive
^{s}4381A	Top Patient Care Executive
4382A	2nd Level Nursing Executive
^{s}4385A	Head of Nurse Call Center

Direct Patient Care

^{s}4130A	Head of Ambulatory Services
^{s}4150A	Head of Cardiology/Cardiopulmonary
^{s}4155A	Head of Oncology
^{s}4157A	Head of Radiation Oncology
^{s}4210A	Head of Emergency Services
^{s}4215A	Head of Intensive Care
^{s}4270A	Head of Laboratory Services
^{s}4400A	Head of Surgical Services
^{s}4420A	Head of Pharmacy
^{s}4440A	Head of Professional Services
^{s}4470A	Head of Radiology
^{s}4475A	Head of Neurology

Behavioral Health

^{s}4450A	Head of Behavioral Health Services
^{s}4525A	Head of Employee Assistance Program (EAP)

Rehabilitation Services

^{s}4480A	Head of Rehabilitation

Product/Service Line Executives

4125A	Top Physician Practices Executive
^{s}4249A	Top Home Health/Hospice Executive
^{s}4250A	Top Home Health Executive
^{s}4255A	Top Hospice Executive
^{s}4300A	Top Long-term Care Services Executive
^{s}4350A	Top Assisted Living Executive
^{s}4370A	Head of Management Services Organization (MSO)
^{s}4430A	Head of Physician Hospital Organization (PHO)
4600A	Head of Product/Service Line

Research

^{s}4435A	Head of Clinical Research (non-MD)
4437A	Clinical Research Manager
4438A	Clinical Research Financial Administration Manager

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4000A **President/Chief Executive Officer (CEO) - Non-Hospital Healthcare System**

Develops and implements corporate policies and procedures and establishes short- and long-range goals, objectives, and plans for non-hospital healthcare system. Reports to the Board of Directors. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4100A **President/Chief Executive Officer (CEO) - Hospital System**

Develops and implements corporate policies and procedures and establishes short- and long-range goals, objectives, and plans for a multi-hospital system. Reports to the Board of Directors. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4102A **Chief Operating Officer (COO)**

Second highest management position, responsible for daily management and coordination of the care provider organization's operations as well as the development and implementation of long-range plans, goals, and objectives for the organization. Reports to the President/Chief Executive Officer (CEO) and typically assumes responsibility for administration in his/her absence. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4103A **Top Administrative Services Executive**

Responsible for the direction and coordination of one or more departments in one functional area. Assists in the development and administration of organizational policies and procedures. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This title should be used only for incumbents that do not match one of the specific top area functions (e.g., Chief Information Officer, Top Human Resource Executive). This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4104A **Special Assistant to the Chief Executive Officer**

Directs, monitors, and contributes to special/strategic projects, which are strategic in nature, highly complex, and involve creation and oversight of multifaceted teams. Advises, supports, assists, coordinates, and collaborates on special/strategic projects for the Chief Executive Officer. Organizes, problem solves, raises issues, and integrates initiatives, solutions, and actions for the Chief Executive Officer. Acts as an executive liaison to resolve problems and ensure successful implementation of company initiatives. Requires a minimum of a Bachelor's degree with at least seven years healthcare experience. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4106A **Chief Academic Officer**

Serves as the chief academic officer. Responsible for the residency program at the provider side of an academic medical center that is affiliated with a university. Manages relationship with the medical school. May direct the credentialing function. Requires a MD. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4107A **Group/Regional Executive Officer**

Responsible for developing and implementing policies and procedures, short- and long-term goals, objectives, and plans for a group, region, or market of a healthcare provider system. Typically reports to the Chief Operating Officer (COO) or President/Chief Executive Officer (CEO).

ˢ4108A **Top Hospital Operations Executive**

Responsible for the top management of all the system-owned or -operated hospitals. Works with system management to develop policies and procedures, short- and long-range goals, objectives, and plans for all of the system's hospitals. All of the system-owned or -operated hospitals report in to this position and he/she then reports to the Chief Operating Officer (COO) or the President/Chief Executive Officer (CEO) of the system. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4109A **Dean of the School of Medicine**

Responsible for the medical school and residency affairs. Administers and formulates academic policies and programs and establishes employment, promotion, and tenure policies of the academic faculty. Oversees the recruitment, development, and promotion of the faculty, deans, and other academic leaders. Supervises the allocation of resources to ensure high-quality teaching, clinical research, and creative work. Requires a MD. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4110A **Head of Graduate Medical Education**

Responsible for overseeing the administration of the organization's Graduate Medical Education (residency) programs and for ensuring compliance with ACGME requirements by programs that are ACGME-accredited. May serve as the ACGME Designated Institutional Official (DIO). May direct or oversee the hospital's Graduate Medical Education (GME) Office. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4111A **Head of Patient Accounting**

Responsible for directing activities related to analyzing and designing strategies and systems to effectively manage patient account receivables and maximize reimbursement from third party sources or other collection efforts. Typically reports to the Chief Financial Officer (CFO) or the Controller. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

| C = Code Change | D = Description Change | N = New Position | S = Single Incumbent | T = Title Change |

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4112A   Head of Admitting/Patient Registration

Responsible for coordinating and directing the activities of employees engaged in the admittance of inpatients and outpatients. Prepares admitting records, makes accommodation arrangements, and maintains admissions and transfer records as required. Ensures all admitting information is verified and provided to operating units on a timely basis. Typically reports to the Head of Business Office or the Head of Revenue Cycle. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4113A   Head of Health Information Management

Supervises departmental personnel involved in maintaining permanent medical records of all provider organization's patients including coding and abstracting diagnoses, treatments, and other information from patient records. Ensures that the provider organization's medical records are maintained in compliance with all accreditation and governmental regulatory agencies. Assists provider organization's staff by providing recorded medical information upon request. Typically reports to the Chief Financial Officer (CFO) or the Head of Revenue Cycle. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4114A   Head of Patient Relations

Plans, organizes, and directs the provider organization's efforts to monitor and ensure patient satisfaction with the services provided. Identifies and resolves patient and family member concerns and problems regarding services and staff. Represents the provider organization to patients, families, and visitors. Maintains cooperative working relationships with other departments in order to respond quickly to patient complaints. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4115A   Head of Case Management

Responsible for developing policies, procedures, and budgets for the case management function, which is responsible for utilization review, coordination of patient services, and discharge planning. Develops guidelines for working with insurers, managed care organizations, referral providers, patients, and families. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4125A   Top Physician Practices Executive

Responsible for developing and directing the physician practices line of business for the organization. Develops long-term plans, strategies, and objectives. Develops operating standards for sites and monitors their performance against standards. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4130A   Head of Ambulatory Services

Responsible for the organization-wide development, operations, and results of non-emergency healthcare services program which may include outpatient surgical care, diagnostic and therapeutic procedures. Develops strategies, objectives, and plans for ambulatory services program. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported. If incumbent has responsibility for only one free-standing facility, please match 6220, Outpatient Clinic/Ambulatory Care Center Director.

ˢ4150A   Head of Cardiology/Cardiopulmonary

Directs, plans, and manages the cardiopulmonary/cardiology department. Develops facilities and staff to meet new and existing needs. Manages staff and budget. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4155A   Head of Oncology

Directs, manages, and coordinates all functions of oncology. Plans, develops, and evaluates services provided. Manages staff and budget. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4157A   Head of Radiation Oncology

Manages the delivery of radiation therapy services to patients. Ensures quality services are provided as well as compliance with legal and regulatory requirements. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4160A   Head of Child Care Center

Directs and administers the operation of the provider organization's child care center. Provides administrative leadership in planning, enhancing, and implementing programs. Develops facilities and staff to meet new and existing needs. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4165A   Chief Information Officer (CIO)

Responsible for all information systems department's activities, including systems analysis, programming, and computer and auxiliary operations. Sets policies and procedures, technical standards and methods, and priorities. Acts as liaison between information systems and other functions. This is the top information systems officer. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

C = Code Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 4A - Healthcare Provider System Executives & Management Position Descriptions
4167A   2nd Level Information Systems Executive
Responsible for the direction, modification, and maintenance of all phases of the information systems department such as systems design, programming, installation, and operation. Accountable for the development of intermediate and long-range plans for the data processing center. Confers with department heads on proposed projects to ensure appropriate definition of project nature and scope. Typically reports to the Chief Information Officer (CIO).

[S]4168A   Top E-commerce Executive
Leads the worldwide E-commerce efforts to transform the organization via e-commerce capabilities. Responsible for the overall strategy and development of new business efforts. Responsible for remaining up-to-date on current and emerging trends and technologies in the area of E-commerce and how they can be incorporated into the overall strategy. Partners with the business and technology departments to establish and lead a program governance and management structure, create strategic business and technology alliances and plans, and create and launch e-products that further those plans. Typically reports to Chief Executive Officer (CEO), Chief Operating Officer (COO), or Chief Information Officer (CIO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4170A   Top Telecommunications Executive
Responsible for the operation and maintenance of all telephone, intercom, answering service, paging systems, videoconferencing systems, security systems, call centers, and routers. Typically reports to Chief Information Officer (CIO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4175A   Head of Medical Informatics
Responsible for developing and managing the organization's capabilities in information systems and tools that are applied to medical information. Coordinates analytical support for medical management, including profiling, health economics, and business analytics/performance metrics. Works with the Information Systems department to prioritize medical management needs. Typically reports to the Chief Medical Officer (CMO) or Chief Information Officer (CIO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4180A   Head of Food & Nutrition Services
Plans and directs the activities of subordinates involved in providing regular and therapeutic diets and food service to patients and employees. Responsible for the storage and preparation of food supplies, maintenance of equipment, and proper sanitation of work area in accordance with specified health requirements. Typically reports to Chief Operating Officer (COO) or Head of Support Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4190A   Top Staff Education & Training Executive
Responsible for developing, presenting, and evaluating all employee education and training programs. With assistance from a subordinate staff, completes needs analyses, designs program format, prepares training materials, and directs program implementation. While the position may be responsible for nursing education, the scope of responsibility for this position extends beyond the nursing department. Typically reports to Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4191A   Head of Nursing Education
Responsible for in-service nursing education programs. Coordinates orientation programs and refresher courses to train and update skills and knowledge of professional and auxiliary nursing service personnel. Typically reports to Top Nursing Executive or Top Patient Care Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4195A   Top Employee & Labor Relations Executive
Responsible for labor and employee relations, equal employment opportunity, affirmative action, and compensation issues. Implements and ensures compliance with company employee and labor relations policies. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4200A   Head of Environmental Services
Responsible for planning and directing both the facility and laundry cleaning programs. Establishes standards and work procedures, inspects and evaluates physical condition of facilities and laundry cleaning equipment. Typically reports to the Head of Support Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

[S]4201A   Head of Housekeeping
Plans and directs the activities of subordinates involved in maintaining the provider organization's interior in an attractive, sanitary, and orderly condition. Inspects physical facilities and makes recommendations regarding painting, repairs, refurbishing, etc. Typically reports to Head of Environmental Services or Head of Support Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4202A   Head of Laundry

Plans and directs the activities of subordinates involved in the cleaning, ironing, folding, and the timely distribution of laundry supplies to patient care units. Establishes schedules, assigns work, and monitors inventory levels. Typically reports to Head of Environmental Services or Head of Materials Management. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4210A   Head of Emergency Services

Responsible for the administrative management of the provider organization's emergency department. Establishes and administers policies and procedures in cooperation with inpatient department heads and administrative personnel. Ensures effective utilization of staff and departmental resources. This is a non-MD position. Typically reports to Top Nursing Executive or Top Patient Care Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4215A   Head of Intensive Care

Responsible for the administrative management of the intensive care department. Ensures effective utilization of staff and departmental resources. Typically requires BSN or MSN and a minimum of three to five years of management experience in critical care. This is a non-MD position. Typically reports to Top Nursing Executive or Top Patient Care Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4219A   Top Facilities Construction Executive

Responsible for long-range facility planning and new construction. Typically reports to the Chief Financial Officer (CFO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4220A   Top Facilities Management Executive

Responsible for providing administrative oversight to the operation, maintenance, equipment, buildings, and grounds for improved efficiency and minimized interruption. Develops and implements policies, operating rules and regulations, and emergency procedures. Inspects facilities or reviews inspection reports to determine repairs or improvements required. Typically reports to the Chief Financial Officer (CFO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4221A   Head of Plant Engineering

Responsible for the daily operation and maintenance of provider organization's buildings, grounds, and mechanical/electrical systems, while ensuring compliance with all state and local regulations. Interacts with other department heads to ensure safe and efficient operations. Hires, trains, and supervises building service personnel. Typically reports to the Top Facilities Management Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4230A   Chief Financial Officer (CFO)

Responsible for the financial viability of the provider organization through the administration of policies and procedures related to its accounting practices. Directs all fiscal activities such as accounting, budgets, audits, taxes, and the preparation of regulatory and governmental agency reports. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4231A   2nd Level Finance Executive

Assists the Chief Financial Officer (CFO) in overseeing the financial functions of the organization. Also assists in reviewing policies and procedures related to the organization's accounting practices. Typically reports to the Chief Financial Officer (CFO). (If incumbent is acting as Controller, please match to position 4327A - Controller. If incumbent is acting as the Treasurer, please match to position 4238A - Treasurer.)

ˢ4232A   Top Budget Executive

Schedules, organizes, and implements the annual budget process, including the preparation of seminars, guidelines, and worksheets for departments. Reviews, monitors, and evaluates the budget to actual variance monthly. Provides technical assistance to departments for budget preparations, and when appropriate, assists in the financial evaluation/assessment of new programs/services. Provides short- and long-range financial planning analysis for administration and department heads. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4233A   Group/Regional Head of Business Office

Responsible for directing and monitoring business office operations for a group, region, or market of a provider organization. Directs the collection process of past due accounts receivables. Reviews business office financial data to attain organizational financial goals.

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4234A   Head of Business Office

Responsible for the direction and coordination of several business office operations including the billing and collection of patient accounts, preparation of insurance claims, admitting/patient registration, and pursuing claims denied by third-party payers. Establishes policies and procedures according to provider organization's standards and legal requirements. Ensures that patient transactions are handled in an efficient manner. May report to the Chief Financial Officer (CFO) or Controller. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4236A   Group/Regional Finance Executive

Responsible for the financial functions for a group, region, or market of a healthcare provider system. Reviews and/or establishes policies and procedures related to the organization's accounting practices within a region. Directs all regional fiscal activities such as accounting, budgets, audits, taxes, and the preparation of regulatory and government agency reports. Typically reports to Group/Regional Executive Officer or Chief Financial Officer (CFO).

ˢ4237A   Controller

Responsible for the development, implementation, and maintenance of the accounting systems in order to control the organization's assets and provide complete and accurate financial information/records. Prepares reports for use by top management to appraise operating results in terms of costs, budgets, trends, etc. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4238A   Treasurer

Responsible for the direction and management of the treasury activities of the total organization. Ensures that financial transactions, policies, and procedures meet the organization's objectives, needs, and regulatory body requirements. Plans short-term financing; negotiates, administers, and repays loans; maintains cash management programs; conducts financial feasibility studies; and prepares annual financial reports. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4240A   Head of Foundation

Responsible for obtaining new revenue funds for the provider organization through the acquisition of gifts, donations, and grants. Acts as a liaison with various outside agencies and organizations in order to raise funds for the provider organization. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4243A   Head of Foundation - Major Gifts

Responsible for obtaining new revenue funds for the provider organization through the acquisition of major gifts. Acts as a liaison with various outside agencies and organizations in order to raise funds for the organization. Typically reports to the Head of Foundation. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4245A   Head of Foundation - Annual Giving

Responsible for obtaining new revenue funds for the provider organization through campaigns for annual gift support. Acts as a liaison with various outside agencies and organizations in order to raise funds for the organization. Typically reports to the Head of Foundation. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4249A   Top Home Health/Hospice Executive

Responsible for the strategic development and program administration for the home health and hospice business for the organization. Directs and maintains established policies, procedures, and objectives and implements quality assurance, environmental, and infection control policies. Ensures compliance with policies, procedures, and legal requirements. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4250A   Top Home Health Executive

Responsible for the strategic development and program administration for the home health group. Directs and maintains established policies, procedures, and objectives and implements quality assurance, environmental, and infection control policies. Ensures compliance with policies, procedures, and legal requirements. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4255A   Top Hospice Executive

Responsible for the strategic development and program administration for the hospice group. Directs and maintains established policies, procedures, and objectives and implements quality assurance, environmental, and infection control policies. May be responsible for evaluating related educational and informational programs. Typically reports to the President/Chief Executive Officer (CEO), Chief Operating Officer (COO), or Top Home Health Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

4259A   Group/Regional Human Resources Executive
Responsible for the administration of the human resource function for a group, region, or market of a healthcare provider system. This typically includes employment, compensation and benefit administration, training, safety, labor relations, etc. for a group/regional area. Develops and administers policies and procedures and ensures compliance with governmental regulations related to personnel management. Typically reports to the Top Human Resources Executive or Group Regional Executive Officer.

ˢ4260A   Top Human Resources Executive
This is the top human resource management position with responsibility for the development and implementation of organization-wide policies and programs encompassing all, or nearly all, aspects of human resource management including employment, employee/labor relations, employee benefits, compensation, employee training, placement, organizational development, safety, security, drug control, ADA and EEO compliance, and employee assistance. Works directly with top management in developing human resources strategies and policies. Frequently reports to a Chief Executive Officer (CEO), Chief Operating Officer (COO) or Top Administrative Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4261A   Human Resources Director
Responsible for planning and directing all phases of human resources (e.g., employment/placement, employee benefits, wage and salary administration, employee relations, safety, and EEO compliance). Ensures quality operations of human resource processes. Requires thorough knowledge of human resource policies and procedures as well as federal and state laws. Typically in larger organizations this is a senior level manager. Frequently reports to a Top Human Resource Executive.

ˢ4263A   Top Compensation and Benefits Executive
Responsible for the design, implementation, and administration of all compensation and benefits programs for all employees. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4264A   Top Compensation Executive
Responsible for the design, implementation, and administration of all compensation programs for all employees. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4265A   Top Benefits Executive
Responsible for the design, implementation, and administration of all benefits programs for all employees. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4266A   Top Organizational Development/Learning Executive
Responsible for the strategic direction of programs to meet the training, development, and talent management needs of the organization. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4267A   Head of Medical Staff Services/Credentialing
Manages the unit responsible for assisting physicians, allied health practitioners, and medical staff leadership in maintaining compliance with regulatory agencies through credentialing and re-credentialing activities. Typically reports to Chief Medical Officer. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4270A   Head of Laboratory Services
Manages and directs employees in all sections of the laboratory in the performance of tests for the diagnosis and treatment of disease. Establishes schedules and work assignments and monitors test results performed by departmental employees in order to ensure test validity. Responsible for investigating new procedures and implementing quality control programs. This is a non-MD position. Typically reports to Chief Operating Officer (COO), Head of Operations, or Head of Professional Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4279A   Corporate Board Secretary
Responsible for preparing and maintaining official corporate records, notices, and actions as required by federal, state, and local jurisdictions and by other regulatory authorities. Specific responsibilities include preparation of board agenda information packages for board members, maintaining official corporate board and committee minutes, maintaining stockholder lists and relations with registrar and transfer agent, and responding to routine inquiries from security holders. May also include shareholder relations. Please note that this is an officer position. May or may not have a Law degree. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4280A   Chief Legal Counsel/Top Legal Services Executive

Responsible for the development and coordination of the provider organization's legal function, providing advice and counsel on a variety of legal matters and problems involving the provider organization. Represents the provider organization to courts and government agencies with regard to complex legal problems. Ensures compliance with federal, state, and local laws and regulations regarding healthcare. Typically report to President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4281A   Deputy Legal Counsel

Reports directly to the Chief Legal Counsel/Top Legal Services Executive and may perform the Chief Legal Counsel/Top Legal Services Executive duties in his/her absence. Assists with the development of legal policies and procedures. May have primary responsibility for a major legal function or department such as Corporate Tax, Intellectual Property, ERISA/Benefits, or other areas.

4282A   Associate General Counsel

Responsible for a major legal specialization such as acquisitions and mergers, securities, anti-trust investigations, litigation, and taxation. Responsible for advising members within a specialized legal area or particular business activity and provides counsel in cases of litigation. Protects the organization's rights in contract negotiations, settlements, and litigation. Ensures compliance of laws and regulations. Advises management on recent changes in laws and regulations that affect the company. May direct activities of one or more General Attorneys. Typically reports to the Chief Legal Counsel/Top Legal Services Executive or Deputy Legal Counsel.

ˢ4285A   Chief Compliance Officer

Responsible for the development, implementation, and enforcement of the provider organization's compliance program. Ensures conformance with applicable laws, regulations, and accreditation standards which may include Medicare/Medicaid reimbursement, EEO, JCAHO, Intermediate Sanctions legislation, hazardous waste disposal, ADA, etc. May or may not have a Law degree. Typically reports to President/Chief Executive Officer (CEO) or Chief Legal Counsel/Top Legal Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4286A   Compliance Director

Responsible for the management of the provider organization's compliance program. Ensures conformance with applicable laws, regulations, and accreditation standards which may include Medicare/Medicaid reimbursement, EEO, JCAHO, Intermediate Sanctions legislation, hazardous waste disposal, ADA, etc. May or may not have a Law degree. Typically reports to the Chief Compliance Officer.

ˢ4287A   Chief Privacy Officer

Responsible for the management of all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of--and access to--patient health information. Ensures compliance with federal and state laws and the healthcare organization's information privacy practices. Assists in the establishment and serves in a leadership role for an organization-wide Privacy Oversight Committee. Typically reports to President/Chief Executive Officer (CEO) or Chief Compliance Officer. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4290A   Head of Library Services

Responsible for planning and organizing the provider organization's library containing a wide range of publications and materials related to the health sciences. Directs and controls activities such as acquiring, classifying, indexing, and storing the collection of medical books, journals, reports, films, etc. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4300A   Top Long-term Care Services Executive

Responsible for planning, directing, and supervising the long-term care business for the organization. Develops policies and procedures and ensures compliance with same, as well as with relevant laws and regulations. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4310A   Top Materials Management Executive

Responsible for the procurement, storage, and distribution of all supplies and equipment. May be responsible for directing and controlling such functional areas as purchasing, shipping and receiving, central supply, and distribution. Typically reports to Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4311A   Top Purchasing Executive

Responsible for the procurement of all supplies and equipment. Reviews products offered by vendors, examines supply and equipment requests, and orders supplies and equipment while maintaining price control and quality standards in accordance with established purchasing procedures. Typically reports to Head of Materials Management. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

^S**4320A   Chief Medical Officer (CMO)**
Responsible for the direction, planning, and coordination of all medical-related activities; establishes and implements standards for medical practices and policies. Participates in the education of medical staff including interns and residents, if applicable. Consults with the President/Chief Executive Officer (CEO) on medical and administrative problems affecting patient care. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4321A   2nd Level/Associate Medical Director
Assists the senior medical director with medical policy. Establishes and implements policies and standards, evaluates new treatments, and conducts medical research to ensure the quality of the medical care provided to patients. Typically reports to the Chief Medical Officer (CMO).

^S**4323A   Head of Revenue Cycle**
Responsible for systemic approaches that contribute to the capture, management, and collection of patient service revenue. Enhances and maintains a properly functioning revenue cycle process through a cross-department organizational structure. Responsibilities are broader than the traditional Head of Patient Accounting or Head of Reimbursement. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4324A   Group/Regional Head of Clinical Reimbursement
Responsible for the department that handles clinical reimbursement for a group, region, or market of a healthcare provider system, providing expertise and leadership for the group, region, or division on clinical reimbursement. Monitors and ensures compliance with Federal and State regulations, as well as company policies and procedures regarding Medicare and state payment systems.

^S**4325A   Head of Reimbursement**
Responsible for the department that handles third-party reimbursement for services. Develops policies and procedures consistent with fiscal and regulatory requirements. Oversees the collection of statistical and financial data needed for preparing annual and monthly Medicare, Medicaid, and other required reports. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S**4326A   Head of Clinical Reimbursement**
Responsible for the department that handles clinical reimbursement, providing expertise and leadership across functional and company lines. Monitors and ensures compliance with Federal and State regulations, as well as company policies and procedures regarding Medicare and state payment systems. Oversees MDS audits and monitors and ensures compliance. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4329A   Group/Regional Head of Managed Care
Responsible for the negotiation, execution, and maintenance of contractual arrangements with managed care organizations to provide patient care services to their enrollees for a group, region, or market of a healthcare provider system. Evaluates existing managed care contractual arrangements and monitors financial and operational performance.

^S**4330A   Head of Managed Care**
Responsible for the negotiation, execution, and maintenance of contractual arrangements with managed care organizations to provide patient care services to their enrollees. Evaluates existing managed care contractual arrangements and monitors financial and operational performance. Typically reports to President/Chief Executive Officer (CEO) or the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S**4340A   Head of Management Engineering**
Performs a variety of engineering research to provide management with statistical data in such areas as information flow, cost containment, work standards, staffing levels, productivity, etc. Based upon the results of these studies, recommends and assists management in increasing productivity levels and making more efficient use of material resources. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S**4342A   Top Business Strategy & Development Executive**
Responsible for all facets of project development, including sales and marketing, financing, and zoning for facilities. Oversees all development, expansion and renovation projects, including market research, compliance, marketing, and financing activities. Supervises all managerial and support staff assigned to development projects. Typically reports to President/Chief Executive Officer (CEO) or Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4A - Healthcare Provider System Executives & Management Position Descriptions
4345A   Senior Business Consultant, Mergers & Acquisitions
Provides strategic, analytic, and project support for mergers and acquisitions. Responsible for identifying and profiling the performance and management of potential merger partners, supporting merger development and implementations, and leading a significant portion of a due diligence process with all appropriate merger contacts. Also responsible for providing strategic, analytic, and project support to other key business initiatives. Typically reports to Top Mergers & Acquisitions Executive.

ˢ4346A   Top Mergers & Acquisitions Executive
Responsible for identifying and analyzing possible mergers, acquisitions, and divestitures and making recommendations as to their impact on profitability. Determines market value, compiles details, and negotiates agreements. Coordinates legal document preparation, facilitates personnel transfers, and sets up all financial arrangements pertaining to the acquisition. Develops long-range strategies for the organization. Typically reports to President/Chief Executive Officer (CEO) or Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4350A   Top Assisted Living Executive
Responsible for the strategic development and program administration of the Assisted Living business for the organization. Responsibilities to encompass all aspects of operations including marketing, census development, community relations, implementation of policies and procedures, budget adherence and regulatory compliance. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4359A   Top Sales and Marketing Executive
Responsible for the design and execution of marketing and sales strategies, policies, and programs for entire organization. Develops and regulates sales programs, evaluates marketing and sales statistics in order to implement strategies and plans to achieve annual and long-term goals. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4360A   Top Marketing Executive
Responsible for developing and coordinating programs for marketing new and existing care provider services to the community. Directs strategies related to improving market share. Provides administration with summaries and recommendations from market research evaluations. May coordinate the production and placement of advertisements. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4361A   Top Public Relations Executive
Responsible for planning, directing, and implementing programs to develop public awareness, knowledge, interest, and understanding of the care provider organization. Represents the organization in interactions with the community and disseminates information on organization activities of public interest. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4362A   Marketing/Public Relations Director
Responsible for the planning, directing, and implementing of the marketing and/or public relations functions for the care provider organization. May be involved in representing the organization interactions with the community, disseminating information on the organization activities of public interest, market research, and/or production and placement of advertisements. Typically reports to the Top Marketing Executive or the Top Public Relations Executive.

ˢ4363A   Top Communications Executive
Responsible for all internal and external communication activities. Monitors tone and content of communications to ensure consistency and advancement of organization's philosophy and desirable image. Responsibilities may include press releases, public speaking, newsletters, marketing efforts, and miscellaneous publications. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4364A   Top Government Relations Executive
Provides policy direction and coordinates efforts of pertinent operating units in matters involving state and federal governments. Maintains effective and cooperative working relationships with federal officials. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4365A   Head of Community Health
Responsible for planning, directing, and overseeing the community outreach programs that promote wellness and enhance the health of the community. Develops methods to measure improvements and identify needs that affect the overall health status of the communities served. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4366A   Head of Physician Relations
Responsible for programs designed to maintain effective hospital relationships with physicians in the community. Partners with marketing to develop and cultivate outreach initiatives. Distributes and serves as a resource for information regarding various hospital programs. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

C = Code Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4367A   Top Investor Relations Executive

Responsible for maintaining, developing, and improving relations and communications between the organization and its shareholders, the investing public, and other members of the financial community, including financial analysts and institutional investors, to increase the value and marketability of the organization's stock. May monitor and assess changes and trends in ownership of the organization's stock. Typically reports to a President/Chief Executive Officer (CEO), Chief Financial Officer (CFO), or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4370A   Head of Management Services Organization (MSO)

Responsible for overseeing all activities of a Management Services Organization (MSO), which provides practice management services (e.g., billing, reception, clinical staff, medical records) to physician practices and clinics. Responsibilities range from operation of clinic sites to developing strategic plans. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4380A   Top Nursing Executive

Responsible for evaluating, developing, recommending, and implementing provider organization's policies and procedures related to the delivery of safe and efficient quality nursing care. Plans and directs the activities of a staff of managerial, professional/technical, and auxiliary nursing personnel. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4381A   Top Patient Care Executive

Responsible for evaluating, developing, recommending, and implementing policies and procedures related to the delivery of high quality patient care. Responsible for nursing services and other clinical areas (e.g., ambulatory care, cardiology, respiratory, rehabilitation, pharmacy). Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4382A   2nd Level Nursing Executive

Responsible for the direction of one or more of the provider organization's nursing departments through the supervision of nursing managers. Assists in establishing the provider organization's policies and procedures related to the nursing function and ensures compliance with these policies. This title should be used only for incumbents that do not match one of the specific Nursing Service descriptions (e.g., Head of Surgical Services Executive, Head of Emergency Services). Typically reports to the Top Nursing Executive.

ˢ4385A   Head of Nurse Call Center

Manages the operations of the nurse call center. Ensures process efficiency and quality service. Requires a RN and typically has call center nurse experience with two years of supervisory experience. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4390A   Head of Operations

Responsible for providing administrative oversight to a number of functions involved in the daily activities of the organization and its various components. Assists in the development and administration of the organization's policies and procedures. Typically reports to the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4391A   Top Strategic Planning Executive

Responsible for the establishment of organization objectives, in the development of organization long-range and strategic plans, the identification of organization strengths and weaknesses, and business opportunities. May conduct special studies for top management in areas such as the organization's operational effectiveness, capacity utilization, operating cost containment, etc. May be responsible for mergers and acquisitions activity. Typically reports to a Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4393A   Head of Organizational Mission Services

Develops, promotes, and evaluates organizational mission effectiveness to ensure that goals, objectives, and decisions are consistent with the values of the organization. Works collaboratively to integrate values and mission effectiveness processes into the daily operation of the organization; develops and conducts in-service education and training programs and orientation modules to communicate and reinforce the organization's mission. Provides values-based leadership in the strategic planning and decision-making processes. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4394A   Head of Organizational Efficiency

Responsible for an internal business consulting function which supports critical business process re-design and improvement initiatives. Manages, facilitates, and measures broad and complex change initiatives and serves as a senior advisor to senior management. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

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Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4395A   Head of Biomedical/Clinical Engineering

Responsible for the department that prepares, uses, and maintains biomedical electronic equipment used in specialty areas (Radiology, Clinical Pathology, Respiratory Therapy, Dialysis, etc) in support of the delivery of quality patient care and research. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4400A   Head of Surgical Services

Responsible for the services provided in the operating room and patient holding/receiving areas. This includes the establishment and maintenance of a clean and safe environment, control of medications, preparation of patients for surgery, and immediate post-operative care. May be responsible for procurement of necessary equipment and supplies. Typically reports to Top Nursing Executive or Top Patient Care Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4410A   Head of Pastoral Care

Responsible for developing and directing services designed to meet the religious and/or spiritual needs of patients and their families as well as the provider organization's employees. May perform the duties of subordinates, which include visiting and counseling patients, families, etc. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4420A   Head of Pharmacy

Plans and directs the activities of the provider organization's pharmacy and establishes departmental policies and procedures. Directs the compounding, packaging, and dispensing of drugs and ensures proper maintenance of departmental inventory. Counsels medical and provider organization's staff on pharmaceutical utilization. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4430A   Head of Physician Hospital Organization (PHO)

Leads the development of the physician hospital organization (PHO) to undertake cooperative initiatives within the market. Involved in readiness assessment, market evaluation, and strategic planning. Identifies opportunities for business expansion. Markets the PHO to area physicians. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4431A   Head of Physician Recruitment

Responsible for the recruitment of new physicians and acquisition of physician practices or clinics. May administer physician support services, which may include office space, equipment, staffing, etc. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4432A   Head of Clinical Recruitment

Responsible for recruiting and interviewing healthcare candidates for staffing/placement within the organization. Develops and implements recruiting strategies, processes, programs, and other activities related to attracting top talent. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4435A   Head of Clinical Research (non-MD)

Responsible for developing, implementing and overseeing research policy and program development and research operations for the organization. Responsible for all administrative, fiscal, ethical and regulatory aspects of clinical research; investigator relations, and research advocacy activities. Typically, requires Master's degree or Doctorate degree (PhD) in a health care related field with a minimum of 10 years experience in managing research activities. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4437A   Clinical Research Manager

Responsible for management of clinical research staff and oversees patient care delivery activities associated with clinical research studies. Assists with developing and implementing of research policy and program development. Interacts with investigators to assure that clinical research projects are in compliance with the Food and Drug Administration (FDA), Good Clinical Practice (GCP) research standards, JCAHO and International Conference on Harmonization (ICH) guidelines. Typically requires a Bachelor's or Master's degree in nursing or other health-care field directly related to research with appropriate license; a minimum 5 years experience in clinical research, and may require completion of Clinical Research Professional exam given by ACRP or SOCRA.

4438A   Clinical Research Financial Administration Manager

Responsible for administering clinical research financial and operational affairs with emphasis on the maximization of clinical revenues. Creates, reviews and negotiates research budgets and contracts. Develops and maintains pricing models. Facilitates patient and/or sponsor registration/billing systems. Typically requires an MBA.

ˢ4440A   Head of Professional Services

Responsible for providing administrative oversight to a number of the provider organization's professional service departments such as laboratory, pharmacy, physical therapy, respiratory therapy, etc. Assists in the development and administration of the provider organization's policies and procedures. Typically reports to the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

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Module 4A - Healthcare Provider System Executives & Management Position Descriptions

ˢ4450A   Head of Behavioral Health Services

Responsible for planning and directing the activities of staff delivering inpatient psychiatric care. This may also include outpatient psychiatric services, such as day hospitalization care. This is a non-MD position. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4459A   Head of Quality Assurance (MD)

Responsible for directing the overall medical quality programs for a healthcare organization. Develops and implements medical quality policies, procedures, and projects. Coordinates and directs programs designed to assess and review the quality of patient care provided. This is not a "TQM" or "CQI" position. Requires a MD. Typically reports to Chief Medical Officer (CMO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4460A   Head of Utilization Review

Responsible for planning, organizing, and directing the activities of personnel engaged in reviewing utilization review data on a routine basis and designs reports from existing data to obtain statistics or verify certified action. Directs and monitors the review of patient records in order to prepare reports and analyses indicating appropriateness of admissions and continued stays. Confers with physicians and other clinical personnel in order to gather information on and resolve problems regarding efficiency of patient care. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4461A   Head of Quality Assurance (non-MD)

Responsible for directing the overall medical quality programs for a healthcare organization. Develops and implements medical quality policies, procedures, and projects. Coordinates and directs programs designed to assess and review the quality of patient care provided. This is not a "TQM" or "CQI" position. This is a non-MD position. Typically reports to Chief Medical Officer (CMO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4462A   Head of Total Quality Management/CQI

Responsible for the effective implementation of total quality programs. Develops total quality improvement projects and establishes quality improvement project teams. Audits the provider organization's programs and policies to ensure that physician, patient, and customer needs are effectively addressed. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4463A   Quality Assurance Manager

Responsible for the management of the quality management program. Coordinates and directs programs designed to assess and review the quality of patient care provided. Supervises regular safety and sanitation rounds and reviews prepared analysis and recommendations. Typically reports to the Head of Quality Assurance.

ˢ4470A   Head of Radiology

Manages and directs a staff of employees involved in the production of diagnostic radiographs which are used by physicians to diagnose illness and injury. Develops and implements plans, policies, and procedures regarding staffing and the purchasing of supplies for the various radiology sections. This is a non-MD position. Typically reports to Chief Operating Officer (COO), Head of Operations, or the Head of Professional Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4475A   Head of Neurology

Manages and directs a staff of employees involved in the diagnosis, treatment, and care of patients with a wide range of neurological conditions. Develops and implements plans, policies, and procedures regarding staffing and the purchasing of supplies for the neurology unit. This is a non-MD position. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4480A   Head of Rehabilitation

Responsible for the various rehabilitative areas (e.g., Physical Therapy, Occupational Therapy, Speech Therapy, Recreational Therapy, etc.). Develops and implements plans, policies, and procedures regarding staffing and the purchasing of supplies for the department. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4490A   Top Risk Management Executive

Responsible for development and coordination of risk management programs designed to reduce the incidence and magnitude of damage claims made against the provider organization. Through the proper combination of casualty and liability insurance, ensures that the provider organization is adequately protected against financial loss. Collects, analyzes, and reports information pertaining to actual claims and potential liabilities. Typically reports to the Chief Financial Officer (CFO) or the Chief Legal Counsel/Top Legal Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4A - Healthcare Provider System Executives & Management Position Descriptions

^S4495A   Top Internal Audit Executive

Responsible for planning, developing, recommending, and monitoring procedures and systems to be used in internal auditing throughout the organization. Also responsible for the supervision of the audit staff. Typically reports functionally to the Board of Directors and administratively to the Chief Financial Officer (CFO) or the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4497A   Head of Payroll

Responsible for overseeing the processing and preparation of the organization's payroll. Ensures only authorized payments are prepared, approves the payroll register and payroll related reports, and may assist in necessary compensation reconciliation. Typically reports to the Controller or the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4500A   Top Physical Security Executive

Responsible for developing and administering policies and procedures designed to ensure the safety of patients, visitors, and employees. Coordinates with local law enforcement agencies when necessary. May assume the responsibilities of subordinates by monitoring and patrolling grounds and parking facilities. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4505A   Top Environmental Health and Safety Executive

Responsible for all aspects of the hospital's environmental safety programs (e.g., hazardous waste management which includes chemical, radioactive, and regulated medical waste). Supervises the resolution of all safety related incidents, including those involving employees, visitors, patients, and situations posing a threat to the hospital's buildings and/or equipment. Ensures compliance with state and federal regulatory requirements. Develops safety related policies and procedures to be used in the event of an internal or external disaster. May also oversee the physical safety function. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4510A   Head of Social Services

Plans and directs the social service function for patients and families, providing counseling pertaining to illness, hospitalization, and financial concerns and facilitates post-discharge planning. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4525A   Head of Employee Assistance Program (EAP)

Directs the overall operations of the EAP (Employee Assistance Program) group. Plans, develops, and implements EAP products and services. Develops and oversees group budget. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4530A   Head of Support Services

Responsible for providing administrative oversight to a number of provider organization's support service departments such as Housekeeping, Laundry, Food Service, etc. Assists in the development and administration of the provider organization's policies and procedures. Typically reports to the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4540A   Head of Volunteer Services

Responsible for developing program goals and objectives related to the effective utilization of volunteer services in support of the provider organization's staff. Evaluates requests for volunteer services and develops programs, which respond to the provider organization's needs. Acts as liaison with all parties affected by volunteer services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4600A   Head of Product/Service Line

Responsible for developing and managing a product/service line for the organization. Develops and implements effective strategies for programs and product/service line development, launches new services and is involved with increasing market shares through sales/retail strategies.

Position Incumbent Information

- Before completing the *Position Incumbent Information* tab, please take time to review the position descriptions.
- **Do not report average data for any position.**
- **Do not match the same incumbents to more than one survey position**, either within the same module or across multiple modules.
- Definitions of the variables and instructions for submitting data are provided below. **Note:** *Compensation data that you report should be current as of* **April 1, 2010**.

Facility ID - Enter the facility ID indicating the facility for which each incumbent is responsible, which corresponds to the Facility ID reported on the Participating Organization Summary.

Position Code - Enter the position code to identify each position being reported. Please refer to the position list provided on pages 76-77 of this guide.

Incumbent Identifier - Submit a unique identifier specific to your organization for each incumbent reported. The number must be unique for each incumbent and preferably consistent from year to year. Using unique incumbent identifiers consistently from year to year better identifies trends. It may be alphanumeric up to nine characters. Please do not submit Social Security numbers or employee names. Do not include dashes or other formatting.

Position Tenure - Enter a "1" for Yes or "2" for No to indicate whether the incumbent was in this same position April 1, 2009.

Your Organization's Position Title - Enter your organization's title for this position.

Reports To Position Title - Enter the title of the person to whom this position typically reports.

Your Organization's Position Code - For your reference and to facilitate imports/exports from your HRIS, enter your organization's position code for this position.

Facility Responsibility - Enter a "1" for Single or "2" for Multiple to indicate if the position has responsibility for a single facility or multiple facilities.

Law Degree - Enter a "1" for Yes or "2" for No to indicate whether the incumbent has a law degree. *This item is collected only for position 4285B.*

MD - Enter a "1" for Yes or "2" for No to indicate whether the incumbent has a medical degree. *This item is collected for positions 4100B, 4101B, and 4459B.*

Chairman of the Board - Enter a "1" for Yes or "2" for No to indicate whether the incumbent serves as Chairman of the Board of Directors. *This item is collected only for position 4100B.*

Gross Revenue Responsibility - Enter the gross amount of revenue for which each incumbent is responsible. *This item is collected only for position 4600B.*

Functional Area Responsibility - Enter a "1" for Incumbent Responsibility or "2" for System Responsibility to indicate whether the incumbent or system management has responsibility for that facility's functional areas such as HR, IT, Finance, and Marketing. *This item is collected only for position 4101B.*

Charitable Gifts Responsibility - Enter the total dollar amount of all charitable gifts the incumbent is responsible for collecting/managing during a twelve-month period. *This item is collected only for position 4240B.*

Zip Code of Incumbent's Workplace - Enter the five-digit zip code that corresponds to the incumbent's work location. Please ensure that codes beginning with "0" are reported as such.

Organization Level - Identify the reporting level of the position in relation to the organization's top management position. The top management position is typically Organization Level 1 and is the only position that can be reported at this level. Any positions that report to the Level 1 position are at Organization Level 2, and those positions reporting to Level 2 positions are at Organization Level 3. **Note**: *If you are reporting for a single care-providing facility, and your organization is a member of a multi-hospital system, the top management position in your facility should not be reported as Organization Level 1.*

Position Match - Identify how closely the responsibilities of your organization's position correspond to those of the position description. Use the position match code:
1 - Your position has *less responsibility* than the position description.
2 - Your position *closely matches the responsibilities* of the position description.
3 - Your position has *greater responsibilities* than the position description.

Annual Base Pay - Enter the annual base pay of the incumbent effective as of April 1, 2010. **Do not** report average pay. **Do not** include part-time incumbents or contracted staff from outside sources. Report the data in annual, whole dollars (e.g., $32,500).

Annual Range Minimum and Maximum - A traditional pay structure has a minimum, midpoint, and maximum with a range spread of approximately 50% - 100%. If a traditional pay structure is used to manage pay for this position, then enter the minimum and maximum of the range for this position. **Do not** enter Broadband range information.

Position & Incumbent Information

Short-term Incentive (STI) Eligible - This refers to participation in an incentive plan with awards related to performance against selected criteria over a period of one year or less (e.g., an annual incentive plan or a project milestone bonus program).
1 - Yes
2 - No

Annual STI Threshold Percent (as Percent of Base) - Minimum incentive payout based on minimum performance requirements as a percent of base pay. **Note**: If your threshold is 5% please enter "5", not ".05".

Annual STI Target Percent (as Percent of Base) - If the position is eligible for a short-term incentive, enter the annual target percent as a percent of base pay based on the design elements of the plan. The target percent should reflect the payout if all goals for the year are met. If the target percent has changed from the prior year, enter the target percent that corresponds to the incentive amount to be reported for incumbents in the position. **Note:** If your target is 5% please enter "5", not ".05".

Annual STI Maximum Percent (as Percent of Base) - Indicate the maximum annual cash incentive, as a percent of base pay, for the position. **Note**: If your maximum is 5% please enter "5", not ".05".

Annual Short-term Incentive (STI) Amount - Enter the amount of incentive earned (but not necessarily paid out) in the most recently completed twelve-month incentive performance period. Exclude any non-performance-based incentives such as holiday bonuses, sign-on bonuses, retention bonuses, or mandatory deferred compensation payments. Profit sharing awards should be included in this category unless they are deferred for retirement benefit. If the incumbent was eligible for an incentive, but no incentive was given, enter "0." **Do not** report this information if the incumbent is not incentive eligible. Please see short-term incentive eligible for further definition. Report the incentive amount in annual whole dollars. If an incumbent receives a prorated amount please annualize. If it is not possible to provide an annual amount this field should be left blank. Short-term incentive amount should be at least $100 if annualized.

STI Status for Non-Receivers - Use the following codes to identify the STI amount status for each incumbent who is eligible for a payout and either a zero or a blank was reported:
1 - Performance Goals not achieved
2 - New employee
3 - Payout amount not available
4 - Plan design change
5 - Other

Long-term Incentive (LTI) Eligible - Enter a "1" for Yes or "2" for No to indicate whether this incumbent is eligible for a long-term incentive. This refers to an incentive plan in which awards are typically related to performance against selected criteria over a period of more than one year. **Note:** If yes, please be sure to provide data for long-term incentive plan types offered and awarded.

LTI Plan Types Offered - Indicate which long-term incentive plan(s) are offered to this incumbent. Please insert a comma, without spaces between numbers, if multiple plans are offered (e.g., 11,21,32). A description about each of the plans follows:
11 - Stock/Share Options
12 - Share Appreciation Rights (SARs)
21 - Stock/Share/Share Unit Awards
31 - Performance Units
32 - Long-term Cash

Stock/Share Options - Stock/Share Options allow for the purchase of stock at a fixed price over a specified period. The exercise price is typically equal to the market price on the date of grant, but may be less than or greater than the market price on the date of grant.

Share Appreciation Rights (SARs) - Share Appreciation Rights provide an incumbent with the appreciation in market value of the share. They may be paid out in cash, stock, or a combination of cash and stock. No investment on the part of the incumbent is required. Share Appreciation Rights include Phantom Appreciation Shares. Phantom Appreciation Shares are an award denominated in hypothetical shares, the value of which is based on an increase in actual share value or another measure of organization value (e.g., book value). There are three types of Share Appreciation Rights:

Freestanding - SAR grant that is not attached to a stock option.
Limited - SAR that is exercisable only upon the occurrence of a specific event such as a change of control.
Tandem - SAR that is granted with a stock option. The exercise of one cancels the other.

Stock/Share/Share Unit Awards - Conditional grants of notional, actual or phantom shares of stock with vesting contingent upon employment for a specified period of time or achievement of specified performance goals over a multi-year performance period. The value of each share depends upon the market value of the share at the end of the vesting period. Share Awards include those that are commonly referred to as Restricted Stock, Restricted Stock Units, Performance Shares, Performance Share Units, or Phantom Full Value Shares.

Position & Incumbent Information

Performance Units - Conditional grant denominated in units other than notional or actual shares, with payment contingent upon achievement of specified performance goals over a multi-year performance period. Performance Units are cash-denominated and not tied to the price of a share of stock. Although units are usually dollar-denominated, their value may also be based on other constructs, such as dividends or EPS (Earnings Per Share). Where the value of each unit is equal to $1.00, the incentive type is also known as "Long-term Cash."

Long-term Cash - A predetermined cash amount paid out contingent upon achievement of specified performance goals over a multi-year performance period.

Stock/Share Ownership Guidelines - Enter a "1" for Yes or "2" for No to indicate if there are stock/share ownership guidelines for this incumbent (i.e., formal guideline requiring individuals in a position to own a minimum number of shares of organization stock). This field should only be completed if the incumbent is LTI Eligible.

LTI Plan Award - Indicate which long-term incentive plan award type you are reporting. Use a separate column for the most recent grant received by the incumbent for each LTI program in which the incumbent is eligible to participate and actually received an award/grant.

Plan Structure - For all plan types, indicate the structure of the plan from which the award has been made:
1 - Fixed Amount Award: Typically, these awards are service based. When performance criteria apply, they do not have a downside or upside potential; in some markets, this type of award may commonly be referred to as an "All or Nothing" type of award.
2 - Defined Target Award (with higher/lower payout potential): These awards include a "target" number of shares/share units corresponding to target performance. The number of shares awarded may be more or less based upon actual performance (e.g., payouts may be 0% to 200% of target).
3 - Defined Maximum Award (with lower payout potential): These awards include a "maximum" number of shares/share units corresponding to performance. The number of shares awarded may be less based upon performance.

Maximum Award as a Percent of Target (For Plan Structure 2 Only) - For plans with a structure of "Defined Target Award (with higher/lower payout potential)" indicate the maximum potential award as a percent of target. For example, if maximum performance targets are met, the award payout may be up to 200% of the target. Thus, 200 should be entered.

How LTI Grant Vests - For all plan types, indicate how vesting, the point in time that the grant is considered "owned" by the recipient, is determined:
1 - Service Based: The grant becomes vested by continued employment and is not contingent on achievement of financial or internal goals.
2 - Performance Based: The grant becomes vested when a financial target, such as total shareholder return, (i.e., change in share price plus dividends), or an internal metric is met.
3 - Performance Accelerated: The service based vesting period of the grant can be reduced based upon the achievement of a financial target or an internal metric.

Note: If the award vests based on service and has an escalator based on performance, please report the grant as two separate awards - the service based award and the performance based additional component. Combination grants such as these should have a "base line" award that vests on service only with an incremental award that is contingent on performance.

Performance Measure - For all awards with Performance-based vesting, please provide the Performance Measure that is used to determine the level of payout:
1 - Relative Total Shareholder Return Only: Used to compare the performance of the incumbent's company to peer companies' stocks and shares over time. Share price appreciation is combined with reinvestment of dividends paid to show the total return to the shareholder. The plan award is dependent upon the incumbent's company positioning versus the peer group.
2 - Multiple Measures including Relative Total Shareholder Return
3 - Multiple Measures not including Relative Total Shareholder Return
4 - Other

Grant Currency - For all plan types, indicate the currency in which the grant was issued:
AUD - Australian Dollar
CAD - Canadian Dollar
CHF - Swiss Franc
DKK - Danish Krone
EUR - Euro
GBP - British Pound
JPY - Japanese Yen
MXN - Mexican Peso
NOK - Norwegian Kroner
USD - United States Dollar
ZAR - South African Rand

Grant Date - Indicate the month, day, and year (MM/DD/YYYY) of the most recent award of this plan type. If multiple grants have been awarded (e.g., eligible for multiple plans), enter each grant separately in the columns provided. Please do not report grants that were awarded prior to January 1, 2006.

Position & Incumbent Information

Number of Options/Shares/Performance Units - Indicate the number of options, shares, or performance units awarded in the most recent grant to this incumbent. For plans with a structure of "Fixed Amount," this field should reflect the number of options/shares/performance units that would be awarded upon achievement of the vesting criteria. For plans with a structure of "Defined Target (with higher/lower payout potential)," this field should reflect the number of options/shares/performance units that would be awarded if "target" performance is met. For plans with a structure of "Defined Maximum (with lower payout potential)," this field should reflect the number of options/shares/performance units that would be awarded if "maximum" performance is met. For Long-term Cash awards, this field should be empty.

Long-term Cash - For Long-term cash awards, enter the most recent cash award grant amount. Report the total predetermined cash award to be paid assuming specified performance goals are met. For instance, if $100,000 would be paid at 33% per year for meeting specific goals over a three year performance period, report the entire $100,000 award. If there is upside/downside in the ultimate payout depending on performance, enter the "target" cash award for meeting target performance.

Grant Price per Share - Indicate the per share or unit price at the most recent grant date:

- For Stock/Share Options and Share Appreciation Rights provide the exercise price per share of the Stock/Share Option or Share Appreciation Right.
- For Stock/Share/Share Unit Awards provide the grant price per share/share unit of the award.
- For Performance Units provide the per unit value of the Performance Unit award.
- For Long-term Cash awards this field should be empty.

Market Price per Share on Grant Date - If the market price at the date of grant is different than the grant price, indicate the market price of each option, share, or unit at the most recent grant date. This value is not affected by the application of premiums or discounts that may have been applied at the time of the grant. This is simply the market price for one single share or unit.

Total Accounting Cost per Share on Grant Date (FAS 123R, IFRS2) - For plan types 11 and 12, provide the total accounting cost, on a per share basis, associated with this award for financial reporting purposes. Please do not provide the aggregate cost of the grant or the annual expense accrual. For example, if 100 options with a three year vesting period and a total accounting cost per share of $15 are awarded to an employee, please report $15, as opposed to the $5 that would be expensed annually over the three year vesting period, or $1,500 that would be the aggregate cost of the grant.

Grant Frequency - Indicate the frequency of grant offerings to this incumbent for the plan reported:
1 - Every year
2 - Every 2 years
3 - Every 3 years
4 - Upon Hire/Promotion
5 - Special One Time Grant (e.g., key employees, recognition, discretionary)
6 - Quarterly
7 - Semi-annually

Term of Grant (For Plan Types 11 and 12 Only) - Indicate the term (award life) in number of years of the grant awarded. The term is the maximum period of time for which the grant is available to the incumbent and after which the options expire. This is NOT the performance period or vesting period which may apply to the award. The term of grant should only be provided for Plan Types 11 and 12.

Vesting Period - For all plan types, indicate the amount of time required for the options/shares/performance units/long-term cash to vest and (in the case of options) become exercisable in full:
1 - 1 Year
2 - 2 Years
3 - 3 Years
4 - 4 Years
5 - 5 Years
6 - More than 5 Years
7 - At Grant (Immediately)
8 - Other

Vesting Other - For an answer of 8 (Other) in the "Vesting Period" data element, indicate the amount of time the options/shares/performance units/long-term cash vest and (in the case of options) become exercisable in full.

Type of Vesting - For all plan types, indicate the type of vesting applicable to the reported grant.
1 - Installment Vesting (vesting occurs over a period of time, typically 3 to 5 years)
2 - Cliff Vesting (vesting occurs all at one time)

Module 4B - Healthcare Provider Facility Executives & Management Position List by Family

Senior Executives

[s]4100B	President/Chief Executive Officer (CEO) - Stand-alone
[s]4101B	President/Chief Executive Officer - System-owned
[s]4102B	Chief Operating Officer (COO)
[s]4103B	Top Administrative Services Executive
[s]4104B	Special Assistant to the Chief Executive Officer

Academic Medical Schools

[s]4106B	Chief Academic Officer
[s]4109B	Dean of the School of Medicine
[s]4110B	Head of Graduate Medical Education

Development/Planning

[s]4340B	Head of Management Engineering
[s]4342B	Top Business Strategy & Development Executive
[s]4346B	Top Mergers & Acquisitions Executive
[s]4391B	Top Strategic Planning Executive
[s]4393B	Head of Organizational Mission Services
[s]4394B	Head of Organizational Efficiency

Financial

[s]4111B	Head of Patient Accounting
[s]4230B	Chief Financial Officer (CFO)
4231B	2nd Level Finance Executive
[s]4232B	Top Budget Executive
[s]4234B	Head of Business Office
4235B	Credit and Collections Manager
[s]4237B	Controller
[s]4238B	Treasurer
[s]4323B	Head of Revenue Cycle
[s]4325B	Head of Reimbursement
[s]4330B	Head of Managed Care
[s]4490B	Top Risk Management Executive
[s]4495B	Top Internal Audit Executive
[s]4497B	Head of Payroll

Health Information/Patient Relations

[s]4112B	Head of Admitting/Patient Registration
[s]4113B	Head of Health Information Management
[s]4114B	Head of Patient Relations
[s]4115B	Head of Case Management
[s]4290B	Head of Library Services

External Relations

[s]4240B	Head of Foundation
[s]4243B	Head of Foundation - Major Gifts
[s]4245B	Head of Foundation - Annual Giving
[s]4360B	Top Marketing Executive
[s]4361B	Top Public Relations Executive
4362B	Marketing/Public Relations Director
[s]4363B	Top Communications Executive
[s]4364B	Top Government Relations Executive
[s]4365B	Head of Community Health
[s]4366B	Head of Physician Relations

Legal/Compliance

[s]4280B	Chief Legal Counsel/Top Legal Services Executive
4281B	Deputy Legal Counsel
4282B	Associate General Counsel
[s]4285B	Chief Compliance Officer
4286B	Compliance Director
[s]4287B	Chief Privacy Officer

Human Resources

[s]4190B	Top Staff Education & Training Executive
[s]4195B	Top Employee & Labor Relations Executive
[s]4260B	Top Human Resources Executive
4261B	Human Resources Director
[s]4263B	Top Compensation and Benefits Executive
[s]4264B	Top Compensation Executive
[s]4265B	Top Benefits Executive
[s]4266B	Top Organizational Development/Learning Executive
[s]4267B	Head of Medical Staff Services/Credentialing
[s]4431B	Head of Physician Recruitment
[s]4432B	Head of Clinical Recruitment

Information Systems

[s]4165B	Chief Information Officer (CIO)
4167B	2nd Level Information Systems Executive
[s]4168B	Top E-commerce Executive
[s]4170B	Top Telecommunications Executive
[s]4175B	Head of Medical Informatics

Support Services

[s]4160B	Head of Child Care Center
[s]4200B	Head of Environmental Services
[s]4201B	Head of Housekeeping
[s]4202B	Head of Laundry
[s]4219B	Top Facilities Construction Executive
[s]4220B	Top Facilities Management Executive
[s]4221B	Head of Plant Engineering
[s]4390B	Head of Operations
[s]4395B	Head of Biomedical/Clinical Engineering
[s]4410B	Head of Pastoral Care
[s]4500B	Top Physical Security Executive
[s]4505B	Top Environmental Health and Safety Executive
[s]4510B	Head of Social Services
[s]4530B	Head of Support Services
[s]4540B	Head of Volunteer Services
[s]4545B	Head of Fitness/Wellness Center
4550B	Wellness Coordinator

Materials Management

[s]4310B	Top Materials Management Executive
[s]4311B	Top Purchasing Executive
4312B	Central Supply Manager

Food and Nutrition

[s]4180B	Head of Food & Nutrition Services
[s]4181B	Chief Clinical Dietitian

C = Code Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 4B - Healthcare Provider Facility Executives & Management Position List by Family

Quality Management/Utilization Management

[s]4459B   Head of Quality Assurance (MD)
[s]4460B   Head of Utilization Review
[s]4461B   Head of Quality Assurance (non-MD)
[s]4462B   Head of Total Quality Management/CQI
4463B   Quality Assurance Manager

Medical/Nursing Executives

[s]4191B   Head of Nursing Education
[s]4320B   Chief Medical Officer (CMO)
4321B   2nd Level/Associate Medical Director
[s]4380B   Top Nursing Executive
[s]4381B   Top Patient Care Executive
4382B   2nd Level Nursing Executive
[s]4383B   Dean of the School of Nursing
[s]4385B   Head of Nurse Call Center

Direct Patient Care

[s]4130B   Head of Ambulatory Services
[s]4145B   Head of Dialysis Services
[s]4150B   Head of Cardiology/Cardiopulmonary
[s]4155B   Head of Oncology
[s]4157B   Head of Radiation Oncology
[s]4210B   Head of Emergency Services
[s]4215B   Head of Intensive Care
[s]4270B   Head of Laboratory Services
[s]4275B   Head of Infection Control/Epidemiology
[s]4400B   Head of Surgical Services
[s]4420B   Head of Pharmacy
[s]4440B   Head of Professional Services
[s]4470B   Head of Radiology
[s]4475B   Head of Neurology
[s]4476B   Head of Maternity Services
[s]4484B   Head of Respiratory

Behavioral Health

[s]4450B   Head of Behavioral Health Services
[s]4515B   Head of Child Life Program
[s]4520B   Head of Substance Abuse Program
[s]4525B   Head of Employee Assistance Program (EAP)

Rehabilitation Services

[s]4140B   Head of Audiology
[s]4480B   Head of Rehabilitation
[s]4481B   Head of Physical Therapy
[s]4482B   Head of Occupational Therapy
[s]4483B   Head of Speech Pathology

Research

[s]4435B   Head of Clinical Research (non-MD)
4437B   Clinical Research Manager
4438B   Clinical Research Financial Administration Manager

Product/Service Line Executives

4125B   Top Physician Practices Executive
[s]4370B   Head of Management Services Organization (MSO)
[s]4430B   Head of Physician Hospital Organization (PHO)
4600B   Head of Product/Service Line

Department Chair

4800B   Department Chair

Physician Practices/Clinics

4900B   Physician Practice Administrator
4905B   Physician Practice Manager
4910B   Physician Practice Financial Services Director
4915B   Outpatient Clinic/Ambulatory Care Center Director
4920B   Outpatient Clinic/Ambulatory Care Center Manager
4925B   Dialysis Services Director
4930B   Radiation Oncology Director
4935B   Laboratory Services Director
4940B   Radiology Director

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions
4100B   President/Chief Executive Officer (CEO) - Stand-alone
Develops and implements policies and procedures, short- and long-range goals, objectives, and plans. Reports to the Board of Directors. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4101B   President/Chief Executive Officer - System-owned
Top management position in a system-owned or -operated hospital facility. Responsible for the overall operation of the organization. May work with system management to develop policies and procedures, short- and long-range goals, objectives, and plans. May report directly to the system senior management or to the Board of Directors. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4102B   Chief Operating Officer (COO)
Second highest management position, responsible for daily management and coordination of the care provider organization's operations as well as the development and implementation of long-range plans, goals, and objectives for the organization. Reports to the President/Chief Executive Officer (CEO) and typically assumes responsibility for administration in his/her absence. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4103B   Top Administrative Services Executive
Responsible for the direction and coordination of one or more departments in one functional area. Assists in the development and administration of organizational policies and procedures. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This title should be used only for incumbents that do not match one of the specific top area functions (e.g., Chief Information Officer, Top Human Resource Executive). This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4104B   Special Assistant to the Chief Executive Officer
Directs, monitors, and contributes to special/strategic projects, which are strategic in nature, highly complex, and involve creation and oversight of multifaceted teams. Advises, supports, assists, coordinates, and collaborates on special/strategic projects for the Chief Executive Officer. Organizes, problem solves, raises issues, and integrates initiatives, solutions, and actions for the Chief Executive Officer. Acts as an executive liaison to resolve problems and ensure successful implementation of company initiatives. Requires a minimum of a Bachelor's degree with at least seven years healthcare experience. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4106B   Chief Academic Officer
Serves as the chief academic officer. Responsible for the residency program at the provider side of an academic medical center that is affiliated with a university. Manages relationship with the medical school. May direct the credentialing function. Requires a MD. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4109B   Dean of the School of Medicine
Responsible for the medical school and residency affairs. Administers and formulates academic policies and programs and establishes employment, promotion, and tenure policies of the academic faculty. Oversees the recruitment, development, and promotion of the faculty, deans, and other academic leaders. Supervises the allocation of resources to ensure high-quality teaching, clinical research, and creative work. Requires a MD. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4110B   Head of Graduate Medical Education
Responsible for overseeing the administration of the organization's Graduate Medical Education (residency) programs and for ensuring compliance with ACGME requirements by programs that are ACGME-accredited. May serve as the ACGME Designated Institutional Official (DIO). May direct or oversee the hospital's Graduate Medical Education (GME) Office. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4111B   Head of Patient Accounting
Responsible for directing activities related to analyzing and designing strategies and systems to effectively manage patient account receivables and maximize reimbursement from third party sources or other collection efforts. Typically reports to the Chief Financial Officer (CFO) or the Controller. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4112B   Head of Admitting/Patient Registration
Responsible for coordinating and directing the activities of employees engaged in the admittance of inpatients and outpatients. Prepares admitting records, makes accommodation arrangements, and maintains admissions and transfer records as required. Ensures all admitting information is verified and provided to operating units on a timely basis. Typically reports to the Head of Business Office or the Head of Revenue Cycle. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

ˢ4113B   Head of Health Information Management

Supervises departmental personnel involved in maintaining permanent medical records of all provider organization's patients including coding and abstracting diagnoses, treatments, and other information from patient records. Ensures that the provider organization's medical records are maintained in compliance with all accreditation and governmental regulatory agencies. Assists provider organization's staff by providing recorded medical information upon request. Typically reports to the Chief Financial Officer (CFO) or the Head of Revenue Cycle. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4114B   Head of Patient Relations

Plans, organizes, and directs the provider organization's efforts to monitor and ensure patient satisfaction with the services provided. Identifies and resolves patient and family member concerns and problems regarding services and staff. Represents the provider organization to patients, families, and visitors. Maintains cooperative working relationships with other departments in order to respond quickly to patient complaints. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4115B   Head of Case Management

Responsible for developing policies, procedures, and budgets for the case management function, which is responsible for utilization review, coordination of patient services, and discharge planning. Develops guidelines for working with insurers, managed care organizations, referral providers, patients, and families. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4125B   Top Physician Practices Executive

Responsible for developing and directing the physician practices line of business for the organization. Develops long-term plans, strategies, and objectives. Develops operating standards for sites and monitors their performance against standards. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4130B   Head of Ambulatory Services

Responsible for the organization-wide development, operations, and results of non-emergency healthcare services program which may include outpatient surgical care, diagnostic and therapeutic procedures. Develops strategies, objectives, and plans for ambulatory services program. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported. If incumbent has responsibility for only one free-standing facility, please match 6220, Outpatient Clinic/Ambulatory Care Center Director.

ˢ4140B   Head of Audiology

Directs a staff of professional and support personnel in providing diagnostic and therapeutic hearing services. Develops and revises evaluation and treatment standards as necessary in order to ensure compliance with organizational and outside regulatory agency standards. Interacts regularly with various provider organizations' personnel in coordinating provision of services with other patient care treatment. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4145B   Head of Dialysis Services

Directs, plans, and manages all inpatient and outpatient dialysis services. Organizes and coordinates services provided, oversees operations, and manages staff. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4150B   Head of Cardiology/Cardiopulmonary

Directs, plans, and manages the cardiopulmonary/cardiology department. Develops facilities and staff to meet new and existing needs. Manages staff and budget. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4155B   Head of Oncology

Directs, manages, and coordinates all functions of oncology. Plans, develops, and evaluates services provided. Manages staff and budget. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4157B   Head of Radiation Oncology

Manages the delivery of radiation therapy services to patients. Ensures quality services are provided as well as compliance with legal and regulatory requirements. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4160B   Head of Child Care Center

Directs and administers the operation of the provider organization's child care center. Provides administrative leadership in planning, enhancing, and implementing programs. Develops facilities and staff to meet new and existing needs. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

$4165B   Chief Information Officer (CIO)

Responsible for all information systems department's activities, including systems analysis, programming, and computer and auxiliary operations. Sets policies and procedures, technical standards and methods, and priorities. Acts as liaison between information systems and other functions. This is the top information systems officer. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4167B   2nd Level Information Systems Executive

Responsible for the direction, modification, and maintenance of all phases of the information systems department such as systems design, programming, installation, and operation. Accountable for the development of intermediate and long-range plans for the data processing center. Confers with department heads on proposed projects to ensure appropriate definition of project nature and scope. Typically reports to the Chief Information Officer (CIO).

$4168B   Top E-commerce Executive

Leads the worldwide E-commerce efforts to transform the organization via e-commerce capabilities. Responsible for the overall strategy and development of new business efforts. Responsible for remaining up-to-date on current and emerging trends and technologies in the area of E-commerce and how they can be incorporated into the overall strategy. Partners with the business and technology departments to establish and lead a program governance and management structure, create strategic business and technology alliances and plans, and create and launch e-products that further those plans. Typically reports to Chief Executive Officer (CEO), Chief Operating Officer (COO), or Chief Information Officer (CIO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4170B   Top Telecommunications Executive

Responsible for the operation and maintenance of all telephone, intercom, answering service, paging systems, videoconferencing systems, security systems, call centers, and routers. Typically reports to Chief Information Officer (CIO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4175B   Head of Medical Informatics

Responsible for developing and managing the organization's capabilities in information systems and tools that are applied to medical information. Coordinates analytical support for medical management, including profiling, health economics, and business analytics/performance metrics. Works with the Information Systems department to prioritize medical management needs. Typically reports to the Chief Medical Officer (CMO) or Chief Information Officer (CIO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4180B   Head of Food & Nutrition Services

Plans and directs the activities of subordinates involved in providing regular and therapeutic diets and food service to patients and employees. Responsible for the storage and preparation of food supplies, maintenance of equipment, and proper sanitation of work area in accordance with specified health requirements. Typically reports to Chief Operating Officer (COO) or Head of Support Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4181B   Chief Clinical Dietitian

Responsible for planning and supervising the activities of subordinate clinical dietitians engaged in providing professional advice on diet therapies, instructing patients and/or families on nutrition, and evaluating patients' responses to diets. Establishes standards and policies on appropriate methods for diet calculations, nutritional assessments, and patient relations. Typically reports to the Head of Food & Nutrition Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4190B   Top Staff Education & Training Executive

Responsible for developing, presenting, and evaluating all employee education and training programs. With assistance from a subordinate staff, completes needs analyses, designs program format, prepares training materials, and directs program implementation. While the position may be responsible for nursing education, the scope of responsibility for this position extends beyond the nursing department. Typically reports to Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4191B   Head of Nursing Education

Responsible for in-service nursing education programs. Coordinates orientation programs and refresher courses to train and update skills and knowledge of professional and auxiliary nursing service personnel. Typically reports to Top Nursing Executive or Top Patient Care Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4195B   Top Employee & Labor Relations Executive

Responsible for labor and employee relations, equal employment opportunity, affirmative action, and compensation issues. Implements and ensures compliance with company employee and labor relations policies. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

^S4200B   Head of Environmental Services

Responsible for planning and directing both the facility and laundry cleaning programs. Establishes standards and work procedures, inspects and evaluates physical condition of facilities and laundry cleaning equipment. Typically reports to the Head of Support Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4201B   Head of Housekeeping

Plans and directs the activities of subordinates involved in maintaining the provider organization's interior in an attractive, sanitary, and orderly condition. Inspects physical facilities and makes recommendations regarding painting, repairs, refurbishing, etc. Typically reports to Head of Environmental Services or Head of Support Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4202B   Head of Laundry

Plans and directs the activities of subordinates involved in the cleaning, ironing, folding, and the timely distribution of laundry supplies to patient care units. Establishes schedules, assigns work, and monitors inventory levels. Typically reports to Head of Environmental Services or Head of Materials Management. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4210B   Head of Emergency Services

Responsible for the administrative management of the provider organization's emergency department. Establishes and administers policies and procedures in cooperation with inpatient department heads and administrative personnel. Ensures effective utilization of staff and departmental resources. This is a non-MD position. Typically reports to Top Nursing Executive or Top Patient Care Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4215B   Head of Intensive Care

Responsible for the administrative management of the intensive care department. Ensures effective utilization of staff and departmental resources. Typically requires BSN or MSN and a minimum of three to five years of management experience in critical care. This is a non-MD position. Typically reports to Top Nursing Executive or Top Patient Care Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4219B   Top Facilities Construction Executive

Responsible for long-range facility planning and new construction. Typically reports to the Chief Financial Officer (CFO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4220B   Top Facilities Management Executive

Responsible for providing administrative oversight to the operation, maintenance, equipment, buildings, and grounds for improved efficiency and minimized interruption. Develops and implements policies, operating rules and regulations, and emergency procedures. Inspects facilities or reviews inspection reports to determine repairs or improvements required. Typically reports to the Chief Financial Officer (CFO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4221B   Head of Plant Engineering

Responsible for the daily operation and maintenance of provider organization's buildings, grounds, and mechanical/electrical systems, while ensuring compliance with all state and local regulations. Interacts with other department heads to ensure safe and efficient operations. Hires, trains, and supervises building service personnel. Typically reports to the Top Facilities Management Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4230B   Chief Financial Officer (CFO)

Responsible for the financial viability of the provider organization through the administration of policies and procedures related to its accounting practices. Directs all fiscal activities such as accounting, budgets, audits, taxes, and the preparation of regulatory and governmental agency reports. Typically reports to the President/Chief Executive Officer (CEO) or the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4231B   2nd Level Finance Executive

Assists the Chief Financial Officer (CFO) in overseeing the financial functions of the organization. Also assists in reviewing policies and procedures related to the organization's accounting practices. Typically reports to the Chief Financial Officer (CFO). (If incumbent is acting as Controller, please match to position 4327A - Controller. If incumbent is acting as the Treasurer, please match to position 4238A - Treasurer.)

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

^s4232B   Top Budget Executive

Schedules, organizes, and implements the annual budget process, including the preparation of seminars, guidelines, and worksheets for departments. Reviews, monitors, and evaluates the budget to actual variance monthly. Provides technical assistance to departments for budget preparations, and when appropriate, assists in the financial evaluation/assessment of new programs/services. Provides short- and long-range financial planning analysis for administration and department heads. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4234B   Head of Business Office

Responsible for the direction and coordination of several business office operations including the billing and collection of patient accounts, preparation of insurance claims, admitting/patient registration, and pursuing claims denied by third-party payers. Establishes policies and procedures according to provider organization's standards and legal requirements. Ensures that patient transactions are handled in an efficient manner. May report to the Chief Financial Officer (CFO) or Controller. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4235B   Credit and Collections Manager

Responsible for the direction and coordination of employees involved in credit and collection of patient billing. Evaluates credit history and determines payment dates and amounts based upon patient's financial status. Approves or disapproves extension of credit. Supervises and trains workers engaged in clerical tasks related to credit and collection. May report to Head of Patient Accounting or Head of Business Office.

^s4237B   Controller

Responsible for the development, implementation, and maintenance of the accounting systems in order to control the organization's assets and provide complete and accurate financial information/records. Prepares reports for use by top management to appraise operating results in terms of costs, budgets, trends, etc. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4238B   Treasurer

Responsible for the direction and management of the treasury activities of the total organization. Ensures that financial transactions, policies, and procedures meet the organization's objectives, needs, and regulatory body requirements. Plans short-term financing; negotiates, administers, and repays loans; maintains cash management programs; conducts financial feasibility studies; and prepares annual financial reports. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4240B   Head of Foundation

Responsible for obtaining new revenue funds for the provider organization through the acquisition of gifts, donations, and grants. Acts as a liaison with various outside agencies and organizations in order to raise funds for the provider organization. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4243B   Head of Foundation - Major Gifts

Responsible for obtaining new revenue funds for the provider organization through the acquisition of major gifts. Acts as a liaison with various outside agencies and organizations in order to raise funds for the organization. Typically reports to the Head of Foundation. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4245B   Head of Foundation - Annual Giving

Responsible for obtaining new revenue funds for the provider organization through campaigns for annual gift support. Acts as a liaison with various outside agencies and organizations in order to raise funds for the organization. Typically reports to the Head of Foundation. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4260B   Top Human Resources Executive

This is the top human resource management position with responsibility for the development and implementation of organization-wide policies and programs encompassing all, or nearly all, aspects of human resource management including employment, employee/labor relations, employee benefits, compensation, employee training, placement, organizational development, safety, security, drug control, ADA and EEO compliance, and employee assistance. Works directly with top management in developing human resources strategies and policies. Frequently reports to a Chief Executive Officer (CEO), Chief Operating Officer (COO) or Top Administrative Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4261B   Human Resources Director

Responsible for planning and directing all phases of human resources (e.g., employment/placement, employee benefits, wage and salary administration, employee relations, safety, and EEO compliance). Ensures quality operations of human resource processes. Requires thorough knowledge of human resource policies and procedures as well as federal and state laws. Typically in larger organizations this is a senior level manager. Frequently reports to a Top Human Resource Executive.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

ˢ4263B   Top Compensation and Benefits Executive

Responsible for the design, implementation, and administration of all compensation and benefits programs for all employees. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4264B   Top Compensation Executive

Responsible for the design, implementation, and administration of all compensation programs for all employees. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4265B   Top Benefits Executive

Responsible for the design, implementation, and administration of all benefits programs for all employees. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4266B   Top Organizational Development/Learning Executive

Responsible for the strategic direction of programs to meet the training, development, and talent management needs of the organization. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4267B   Head of Medical Staff Services/Credentialing

Manages the unit responsible for assisting physicians, allied health practitioners, and medical staff leadership in maintaining compliance with regulatory agencies through credentialing and re-credentialing activities. Typically reports to Chief Medical Officer. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4270B   Head of Laboratory Services

Manages and directs employees in all sections of the laboratory in the performance of tests for the diagnosis and treatment of disease. Establishes schedules and work assignments and monitors test results performed by departmental employees in order to ensure test validity. Responsible for investigating new procedures and implementing quality control programs. This is a non-MD position. Typically reports to Chief Operating Officer (COO), Head of Operations, or Head of Professional Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4275B   Head of Infection Control/Epidemiology

Responsible for the infection control program at the organization. Utilizes epidemiology principles to monitor the delivery of patient care and investigate potential outbreaks of infection. Also responsible for coaching and mentoring the infection control team. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4280B   Chief Legal Counsel/Top Legal Services Executive

Responsible for the development and coordination of the provider organization's legal function, providing advice and counsel on a variety of legal matters and problems involving the provider organization. Represents the provider organization to courts and government agencies with regard to complex legal problems. Ensures compliance with federal, state, and local laws and regulations regarding healthcare. Typically report to President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4281B   Deputy Legal Counsel

Reports directly to the Chief Legal Counsel/Top Legal Services Executive and may perform the Chief Legal Counsel/Top Legal Services Executive duties in his/her absence. Assists with the development of legal policies and procedures. May have primary responsibility for a major legal function or department such as Corporate Tax, Intellectual Property, ERISA/Benefits, or other areas.

4282B   Associate General Counsel

Responsible for a major legal specialization such as acquisitions and mergers, securities, anti-trust investigations, litigation, and taxation. Responsible for advising members within a specialized legal area or particular business activity and provides counsel in cases of litigation. Protects the organization's rights in contract negotiations, settlements, and litigation. Ensures compliance of laws and regulations. Advises management on recent changes in laws and regulations that affect the company. May direct activities of one or more General Attorneys. Typically reports to the Chief Legal Counsel/Top Legal Services Executive or Deputy Legal Counsel.

ˢ4285B   Chief Compliance Officer

Responsible for the development, implementation, and enforcement of the provider organization's compliance program. Ensures conformance with applicable laws, regulations, and accreditation standards which may include Medicare/Medicaid reimbursement, EEO, JCAHO, Intermediate Sanctions legislation, hazardous waste disposal, ADA, etc. May or may not have a Law degree. Typically reports to President/Chief Executive Officer (CEO) or Chief Legal Counsel/Top Legal Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

4286B   Compliance Director

Responsible for the management of the provider organization's compliance program. Ensures conformance with applicable laws, regulations, and accreditation standards which may include Medicare/Medicaid reimbursement, EEO, JCAHO, Intermediate Sanctions legislation, hazardous waste disposal, ADA, etc. May or may not have a Law degree. Typically reports to the Chief Compliance Officer.

ˢ4287B   Chief Privacy Officer

Responsible for the management of all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of--and access to--patient health information. Ensures compliance with federal and state laws and the healthcare organization's information privacy practices. Assists in the establishment and serves in a leadership role for an organization-wide Privacy Oversight Committee. Typically reports to President/Chief Executive Officer (CEO) or Chief Compliance Officer. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4290B   Head of Library Services

Responsible for planning and organizing the provider organization's library containing a wide range of publications and materials related to the health sciences. Directs and controls activities such as acquiring, classifying, indexing, and storing the collection of medical books, journals, reports, films, etc. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4310B   Top Materials Management Executive

Responsible for the procurement, storage, and distribution of all supplies and equipment. May be responsible for directing and controlling such functional areas as purchasing, shipping and receiving, central supply, and distribution. Typically reports to Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4311B   Top Purchasing Executive

Responsible for the procurement of all supplies and equipment. Reviews products offered by vendors, examines supply and equipment requests, and orders supplies and equipment while maintaining price control and quality standards in accordance with established purchasing procedures. Typically reports to Head of Materials Management. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4312B   Central Supply Manager

Supervises supply room employees in storing and issuing sterile and non-sterile medical equipment and supplies. Monitors inventory and utilization levels to ensure adequate availability of patient care and treatment materials. Develops and ensures conformance with policies and procedures related to the handling, sterilization, cleaning, maintenance, storage, and assembly of patient care supplies, equipment, and instruments.

ˢ4320B   Chief Medical Officer (CMO)

Responsible for the direction, planning, and coordination of all medical-related activities; establishes and implements standards for medical practices and policies. Participates in the education of medical staff including interns and residents, if applicable. Consults with the President/Chief Executive Officer (CEO) on medical and administrative problems affecting patient care. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4321B   2nd Level/Associate Medical Director

Assists the senior medical director with medical policy. Establishes and implements policies and standards, evaluates new treatments, and conducts medical research to ensure the quality of the medical care provided to patients. Typically reports to the Chief Medical Officer (CMO).

ˢ4323B   Head of Revenue Cycle

Responsible for systemic approaches that contribute to the capture, management, and collection of patient service revenue. Enhances and maintains a properly functioning revenue cycle process through a cross-department organizational structure. Responsibilities are broader than the traditional Head of Patient Accounting or Head of Reimbursement. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4325B   Head of Reimbursement

Responsible for the department that handles third-party reimbursement for services. Develops policies and procedures consistent with fiscal and regulatory requirements. Oversees the collection of statistical and financial data needed for preparing annual and monthly Medicare, Medicaid, and other required reports. Typically reports to the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

^s4330B   Head of Managed Care

Responsible for the negotiation, execution, and maintenance of contractual arrangements with managed care organizations to provide patient care services to their enrollees. Evaluates existing managed care contractual arrangements and monitors financial and operational performance. Typically reports to President/Chief Executive Officer (CEO) or the Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4340B   Head of Management Engineering

Performs a variety of engineering research to provide management with statistical data in such areas as information flow, cost containment, work standards, staffing levels, productivity, etc. Based upon the results of these studies, recommends and assists management in increasing productivity levels and making more efficient use of material resources. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4342B   Top Business Strategy & Development Executive

Responsible for all facets of project development, including sales and marketing, financing, and zoning for facilities. Oversees all development, expansion and renovation projects, including market research, compliance, marketing, and financing activities. Supervises all managerial and support staff assigned to development projects. Typically reports to President/Chief Executive Officer (CEO) or Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4346B   Top Mergers & Acquisitions Executive

Responsible for identifying and analyzing possible mergers, acquisitions, and divestitures and making recommendations as to their impact on profitability. Determines market value, compiles details, and negotiates agreements. Coordinates legal document preparation, facilitates personnel transfers, and sets up all financial arrangements pertaining to the acquisition. Develops long-range strategies for the organization. Typically reports to President/Chief Executive Officer (CEO) or Chief Financial Officer (CFO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4360B   Top Marketing Executive

Responsible for developing and coordinating programs for marketing new and existing care provider services to the community. Directs strategies related to improving market share. Provides administration with summaries and recommendations from market research evaluations. May coordinate the production and placement of advertisements. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4361B   Top Public Relations Executive

Responsible for planning, directing, and implementing programs to develop public awareness, knowledge, interest, and understanding of the care provider organization. Represents the organization in interactions with the community and disseminates information on organization activities of public interest. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4362B   Marketing/Public Relations Director

Responsible for the planning, directing, and implementing of the marketing and/or public relations functions for the care provider organization. May be involved in representing the organization interactions with the community, disseminating information on the organization activities of public interest, market research, and/or production and placement of advertisements. Typically reports to the Top Marketing Executive or the Top Public Relations Executive.

^s4363B   Top Communications Executive

Responsible for all internal and external communication activities. Monitors tone and content of communications to ensure consistency and advancement of organization's philosophy and desirable image. Responsibilities may include press releases, public speaking, newsletters, marketing efforts, and miscellaneous publications. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4364B   Top Government Relations Executive

Provides policy direction and coordinates efforts of pertinent operating units in matters involving state and federal governments. Maintains effective and cooperative working relationships with federal officials. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4365B   Head of Community Health

Responsible for planning, directing, and overseeing the community outreach programs that promote wellness and enhance the health of the community. Develops methods to measure improvements and identify needs that affect the overall health status of the communities served. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^s4366B   Head of Physician Relations

Responsible for programs designed to maintain effective hospital relationships with physicians in the community. Partners with marketing to develop and cultivate outreach initiatives. Distributes and serves as a resource for information regarding various hospital programs. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

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Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions
ˢ4370B   Head of Management Services Organization (MSO)
Responsible for overseeing all activities of a Management Services Organization (MSO), which provides practice management services (e.g., billing, reception, clinical staff, medical records) to physician practices and clinics. Responsibilities range from operation of clinic sites to developing strategic plans. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4380B   Top Nursing Executive
Responsible for evaluating, developing, recommending, and implementing provider organization's policies and procedures related to the delivery of safe and efficient quality nursing care. Plans and directs the activities of a staff of managerial, professional/technical, and auxiliary nursing personnel. Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4381B   Top Patient Care Executive
Responsible for evaluating, developing, recommending, and implementing policies and procedures related to the delivery of high quality patient care. Responsible for nursing services and other clinical areas (e.g., ambulatory care, cardiology, respiratory, rehabilitation, pharmacy). Typically reports to the President/Chief Executive Officer (CEO) or Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4382B   2nd Level Nursing Executive
Responsible for the direction of one or more of the provider organization's nursing departments through the supervision of nursing managers. Assists in establishing the provider organization's policies and procedures related to the nursing function and ensures compliance with these policies. This title should be used only for incumbents that do not match one of the specific Nursing Service descriptions (e.g., Head of Surgical Services Executive, Head of Emergency Services). Typically reports to the Top Nursing Executive.

ˢ4383B   Dean of the School of Nursing
Responsible for planning, organizing, and directing the operation of the School of Nursing. Develops and administers short- and long-term goals and objectives and ensures conformance with requirements and standards established by governmental, regulatory, and accreditation agencies. Directs faculty and monitors individual performance. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4385B   Head of Nurse Call Center
Manages the operations of the nurse call center. Ensures process efficiency and quality service. Requires a RN and typically has call center nurse experience with two years of supervisory experience. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4390B   Head of Operations
Responsible for providing administrative oversight to a number of functions involved in the daily activities of the organization and its various components. Assists in the development and administration of the organization's policies and procedures. Typically reports to the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4391B   Top Strategic Planning Executive
Responsible for the establishment of organization objectives, in the development of organization long-range and strategic plans, the identification of organization strengths and weaknesses, and business opportunities. May conduct special studies for top management in areas such as the organization's operational effectiveness, capacity utilization, operating cost containment, etc. May be responsible for mergers and acquisitions activity. Typically reports to a Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4393B   Head of Organizational Mission Services
Develops, promotes, and evaluates organizational mission effectiveness to ensure that goals, objectives, and decisions are consistent with the values of the organization. Works collaboratively to integrate values and mission effectiveness processes into the daily operation of the organization; develops and conducts in-service education and training programs and orientation modules to communicate and reinforce the organization's mission. Provides values-based leadership in the strategic planning and decision-making processes. Typically reports to the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ᴺ,ˢ4394B   Head of Organizational Efficiency
Responsible for an internal business consulting function which supports critical business process re-design and improvement initiatives. Manages, facilitates, and measures broad and complex change initiatives and serves as a senior advisor to senior management. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

$4395B   Head of Biomedical/Clinical Engineering
Responsible for the department that prepares, uses, and maintains biomedical electronic equipment used in specialty areas (Radiology, Clinical Pathology, Respiratory Therapy, Dialysis, etc) in support of the delivery of quality patient care and research. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4400B   Head of Surgical Services
Responsible for the services provided in the operating room and patient holding/receiving areas. This includes the establishment and maintenance of a clean and safe environment, control of medications, preparation of patients for surgery, and immediate post-operative care. May be responsible for procurement of necessary equipment and supplies. Typically reports to Top Nursing Executive or Top Patient Care Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4410B   Head of Pastoral Care
Responsible for developing and directing services designed to meet the religious and/or spiritual needs of patients and their families as well as the provider organization's employees. May perform the duties of subordinates, which include visiting and counseling patients, families, etc. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4420B   Head of Pharmacy
Plans and directs the activities of the provider organization's pharmacy and establishes departmental policies and procedures. Directs the compounding, packaging, and dispensing of drugs and ensures proper maintenance of departmental inventory. Counsels medical and provider organization's staff on pharmaceutical utilization. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4430B   Head of Physician Hospital Organization (PHO)
Leads the development of the physician hospital organization (PHO) to undertake cooperative initiatives within the market. Involved in readiness assessment, market evaluation, and strategic planning. Identifies opportunities for business expansion. Markets the PHO to area physicians. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4431B   Head of Physician Recruitment
Responsible for the recruitment of new physicians and acquisition of physician practices or clinics. May administer physician support services, which may include office space, equipment, staffing, etc. Typically reports to the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4432B   Head of Clinical Recruitment
Responsible for recruiting and interviewing healthcare candidates for staffing/placement within the organization. Develops and implements recruiting strategies, processes, programs, and other activities related to attracting top talent. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4435B   Head of Clinical Research (non-MD)
Responsible for developing, implementing and overseeing research policy and program development and research operations for the organization. Responsible for all administrative, fiscal, ethical and regulatory aspects of clinical research; investigator relations, and research advocacy activities. Typically, requires Master's degree or Doctorate degree (PhD) in a health care related field with a minimum of 10 years experience in managing research activities. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4437B   Clinical Research Manager
Responsible for management of clinical research staff and oversees patient care delivery activities associated with clinical research studies. Assists with developing and implementing of research policy and program development. Interacts with investigators to assure that clinical research projects are in compliance with the Food and Drug Administration (FDA), Good Clinical Practice (GCP) research standards, JCAHO and International Conference on Harmonization (ICH) guidelines. Typically requires a Bachelor's or Master's degree in nursing or other health-care field directly related to research with appropriate license; a minimum 5 years experience in clinical research, and may require completion of Clinical Research Professional exam given by ACRP or SOCRA.

4438B   Clinical Research Financial Administration Manager
Responsible for administering clinical research financial and operational affairs with emphasis on the maximization of clinical revenues. Creates, reviews and negotiates research budgets and contracts. Develops and maintains pricing models. Facilitates patient and/or sponsor registration/billing systems. Typically requires an MBA.

$4440B   Head of Professional Services
Responsible for providing administrative oversight to a number of the provider organization's professional service departments such as laboratory, pharmacy, physical therapy, respiratory therapy, etc. Assists in the development and administration of the provider organization's policies and procedures. Typically reports to the Chief Operating Officer. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

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Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

$4450B   Head of Behavioral Health Services

Responsible for planning and directing the activities of staff delivering inpatient psychiatric care. This may also include outpatient psychiatric services, such as day hospitalization care. This is a non-MD position. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4459B   Head of Quality Assurance (MD)

Responsible for directing the overall medical quality programs for a healthcare organization. Develops and implements medical quality policies, procedures, and projects. Coordinates and directs programs designed to assess and review the quality of patient care provided. This is not a "TQM" or "CQI" position. Requires a MD. Typically reports to Chief Medical Officer (CMO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4460B   Head of Utilization Review

Responsible for planning, organizing, and directing the activities of personnel engaged in reviewing utilization review data on a routine basis and designs reports from existing data to obtain statistics or verify certified action. Directs and monitors the review of patient records in order to prepare reports and analyses indicating appropriateness of admissions and continued stays. Confers with physicians and other clinical personnel in order to gather information on and resolve problems regarding efficiency of patient care. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4461B   Head of Quality Assurance (non-MD)

Responsible for directing the overall medical quality programs for a healthcare organization. Develops and implements medical quality policies, procedures, and projects. Coordinates and directs programs designed to assess and review the quality of patient care provided. This is not a "TQM" or "CQI" position. This is a non-MD position. Typically reports to Chief Medical Officer (CMO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4462B   Head of Total Quality Management/CQI

Responsible for the effective implementation of total quality programs. Develops total quality improvement projects and establishes quality improvement project teams. Audits the provider organization's programs and policies to ensure that physician, patient, and customer needs are effectively addressed. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4463B   Quality Assurance Manager

Responsible for the management of the quality management program. Coordinates and directs programs designed to assess and review the quality of patient care provided. Supervises regular safety and sanitation rounds and reviews prepared analysis and recommendations. Typically reports to the Head of Quality Assurance.

$4470B   Head of Radiology

Manages and directs a staff of employees involved in the production of diagnostic radiographs which are used by physicians to diagnose illness and injury. Develops and implements plans, policies, and procedures regarding staffing and the purchasing of supplies for the various radiology sections. This is a non-MD position. Typically reports to Chief Operating Officer (COO), Head of Operations, or the Head of Professional Services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4475B   Head of Neurology

Manages and directs a staff of employees involved in the diagnosis, treatment, and care of patients with a wide range of neurological conditions. Develops and implements plans, policies, and procedures regarding staffing and the purchasing of supplies for the neurology unit. This is a non-MD position. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4476B   Head of Maternity Services

Responsible for the maternity unit, including labor, delivery, recovery, postpartum, and well-baby nursery. Ensures department operates within budget and in accordance with performance standards. May also be responsible for community education and women's health. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4480B   Head of Rehabilitation

Responsible for the various rehabilitative areas (e.g., Physical Therapy, Occupational Therapy, Speech Therapy, Recreational Therapy, etc.). Develops and implements plans, policies, and procedures regarding staffing and the purchasing of supplies for the department. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

$4481B   Head of Physical Therapy

Plans and directs the work of professional and support personnel who provide physical therapy for the treatment of disabled, injured, and diseased patients. Assigns therapists and monitors patient progress. Typically reports to the Head of Rehabilitation. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

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Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

^S4482B**Head of Occupational Therapy**

Plans and directs the work of professional and support personnel who use a variety of therapeutic, self-help techniques such as manual and creative arts and recreational activities to restore desired physical functions and/or mental responses to patients. Assigns therapists and monitors patient progress. Typically reports to the Head of Rehabilitation. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4483B**Head of Speech Pathology**

Plans and directs a staff of professional and support personnel in providing exams, tests, diagnoses, and treatments for patients with speech disorders. Documents test results and recommends treatment. Assigns therapists and monitors patient progress. Typically reports to the Head of Rehabilitation. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4484B**Head of Respiratory**

Directs the activities of the professional and support staff in providing a variety of diagnostic/treatment procedures for patients suffering from pulmonary and associated disorders including such procedures include the administration of medical gases, providing ventilator assistance or control, performing arterial blood gas analysis, etc. Assigns therapists and monitors patient progress. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4490B**Top Risk Management Executive**

Responsible for development and coordination of risk management programs designed to reduce the incidence and magnitude of damage claims made against the provider organization. Through the proper combination of casualty and liability insurance, ensures that the provider organization is adequately protected against financial loss. Collects, analyzes, and reports information pertaining to actual claims and potential liabilities. Typically reports to the Chief Financial Officer (CFO) or the Chief Legal Counsel/Top Legal Services Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4495B**Top Internal Audit Executive**

Responsible for planning, developing, recommending, and monitoring procedures and systems to be used in internal auditing throughout the organization. Also responsible for the supervision of the audit staff. Typically reports functionally to the Board of Directors and administratively to the Chief Financial Officer (CFO) or the President/Chief Executive Officer (CEO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4497B**Head of Payroll**

Responsible for overseeing the processing and preparation of the organization's payroll. Ensures only authorized payments are prepared, approves the payroll register and payroll related reports, and may assist in necessary compensation reconciliation. Typically reports to the Controller or the Top Human Resources Executive. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4500B**Top Physical Security Executive**

Responsible for developing and administering policies and procedures designed to ensure the safety of patients, visitors, and employees. Coordinates with local law enforcement agencies when necessary. May assume the responsibilities of subordinates by monitoring and patrolling grounds and parking facilities. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4505B**Top Environmental Health and Safety Executive**

Responsible for all aspects of the hospital's environmental safety programs (e.g., hazardous waste management which includes chemical, radioactive, and regulated medical waste). Supervises the resolution of all safety related incidents, including those involving employees, visitors, patients, and situations posing a threat to the hospital's buildings and/or equipment. Ensures compliance with state and federal regulatory requirements. Develops safety related policies and procedures to be used in the event of an internal or external disaster. May also oversee the physical safety function. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4510B**Head of Social Services**

Plans and directs the social service function for patients and families, providing counseling pertaining to illness, hospitalization, and financial concerns and facilitates post-discharge planning. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

^S4515B**Head of Child Life Program**

Responsible for planning and implementing the child life program for patients on an individual and group basis which promotes normal emotional development and reduces psychological stress and trauma related to medical care and illness. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

ˢ4520B   Head of Substance Abuse Program

Responsible for the administrative, managerial, and clinical aspects of a substance abuse program. Evaluates treatment procedures to ensure attainment of goals and objectives with regard to effective rehabilitation from drug/alcohol dependency. Complies with federal, state, and local license requirements to maintain a high level of quality standards. Coordinates with community agencies and programs to ensure continuity in the type and level of patient care. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4525B   Head of Employee Assistance Program (EAP)

Directs the overall operations of the EAP (Employee Assistance Program) group. Plans, develops, and implements EAP products and services. Develops and oversees group budget. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4530B   Head of Support Services

Responsible for providing administrative oversight to a number of provider organization's support service departments such as Housekeeping, Laundry, Food Service, etc. Assists in the development and administration of the provider organization's policies and procedures. Typically reports to the Chief Operating Officer (COO). Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4540B   Head of Volunteer Services

Responsible for developing program goals and objectives related to the effective utilization of volunteer services in support of the provider organization's staff. Evaluates requests for volunteer services and develops programs, which respond to the provider organization's needs. Acts as liaison with all parties affected by volunteer services. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

ˢ4545B   Head of Fitness/Wellness Center

Manages and directs the activities of a hospital-owned fitness or wellness center. Develops programs and services, procures and maintains equipment, and hires and manages staff. Note: This is generally a single incumbent position. Only one employee, the most senior individual, per organization entity should be reported.

4550B   Wellness Coordinator

Develops and conducts health education and health screening programs for employees and the community. Develops promotional materials and assists in marketing programs. May serve as main contributor or editor of a wellness newsletter.

4600B   Head of Product/Service Line

Responsible for developing and managing a product/service line for the organization. Develops and implements effective strategies for programs and product/service line development, launches new services and is involved with increasing market shares through sales/retail strategies.

4800B   Department Chair

Responsible for clinical, operational, and financial management of the department. Ensures adherence to all organizational and accrediting/regulatory agency standards, policies, and procedures. Develops and implements programs and services based on developments in medicine as well as the community's and patient's needs. May be responsible for one or more residency or fellowship programs. Practices medicine for agreed-upon percentage of work time.

4900B   Physician Practice Administrator

Responsible for the oversight of one or more medical practice/health center sites. Develops long-term plans, strategies, and objectives. Develops operating standards for sites and monitors their performance against standards. Typically reports to the hospital/system COO or Head of Physician Practices.

4905B   Physician Practice Manager

Directs the daily operations of a medical practice/health center site. Develops and administers the budget, manages staff, and ensures cost-effective operations. Ensures client satisfaction and handles operational problems and issues as they arise. Typically reports to Physician Practice Administrator.

4910B   Physician Practice Financial Services Director

Directs the financial services function of a medical group. Develops billing and reimbursement standards, compiles various financial reports, such as fee schedules, service discounts, and reimbursement statistics. Prepares feasibility studies and tracks accounts receivable. Typically reports to a hospital system financial executive or Physician Practice Administrator.

4915B   Outpatient Clinic/Ambulatory Care Center Director

Responsible for the daily management of an outpatient clinic/ambulatory care center which may include urgent care, surgical care, diagnostic and therapeutic procedures, and outpatient care. Establishes policies and procedures for the facility. Typically reports to the hospital/system COO or Head of Ambulatory Services.

4920B   Outpatient Clinic/Ambulatory Care Center Manager

Responsible for planning and directing the work of professional and support personnel who provide outpatient care to patients. Assists with the implementation of policies and procedures for the facility. Typically reports to Outpatient Clinic/Ambulatory Care Center Manager.

C = Code Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 4B - Healthcare Provider Facility Executives & Management Position Descriptions

4925B   Dialysis Services Director

Responsible for the daily management of the dialysis services group, whether it is part of an outpatient clinic, physician practice, or a stand-alone facility. Assists in the establishment of policies and procedures for the dialysis services group.

4930B   Radiation Oncology Director

Responsible for the daily management of the radiation oncology services group, whether it is part of an outpatient clinic, physician practice, or a stand-alone facility. Assists in the establishment of policies and procedures for the radiation oncology group.

4935B   Laboratory Services Director

Responsible for the daily management of the laboratory group, whether it is part of an outpatient clinic, physician practice, or a stand-alone facility. Assists in the establishment of policies and procedures for the laboratory group.

4940B   Radiology Director

Responsible for the daily management of the radiology group, whether it is part of an outpatient clinic, physician practice, or a stand-alone facility. Assists in the establishment of policies and procedures for the radiology group.

Position Incumbent Information

■ Before completing the *Position Incumbent Information* tab, please take time to review the position descriptions.

■ **Do not report average data for any position.**

■ **Do not match the same incumbents to more than one survey position**, either within the same module or across multiple modules.

■ Definitions of the variables and instructions for submitting data are provided below. **Note:** *Compensation data that you report should be current as of **April 1, 2010***

Facility ID - Enter the facility ID indicating the facility for which each incumbent is responsible, which corresponds to the Facility ID reported on the Participating Organization Summary.

Position Code - Enter the position code to identify each position being reported. Please refer to the position list provided on pages 95-97 of this guide.

Incumbent Identifier - Submit a unique identifier specific to your organization for each incumbent reported. The number must be unique for each incumbent and preferably consistent from year to year. Using unique incumbent identifiers consistently from year to year better identifies trends. It may be alphanumeric up to nine characters. Please do not submit Social Security numbers or employee names. Do not include dashes or other formatting.

Your Organization's Position Title - Enter your organization's title for this position.

Reports To Position Title - Enter the title of the person to whom this position typically reports.

Your Organization's Position Code - For your reference and to facilitate imports/exports from your HRIS, enter your organization's position code for this position.

Nurse Specialty - Indicate whether a specialty of care applies for each registered nurse incumbent. Select from the list provided below. *This item is collected only for positions 5020, 5030, and 5040 .*
 1 = emergency room
 2 = surgical (operating room)
 3 = recovery
 4 = neonatal
 5 = pediatrics
 6 = obstetrics
 7 = oncology
 8 = psychiatric
 9 = cardiac
10 = intensive care

Zip Code of Incumbent's Workplace - Enter the five-digit zip code that corresponds to the incumbent's work location. Please ensure that codes beginning with "0" are reported as such.

Exempt - Enter a "1" for Yes or "2" for No to indicate if the position is exempt under the Fair Labor Standards Act (FLSA).

Union Affiliation - Enter a "1" for Yes or "2" for No to indicate the incumbent's labor union affiliation.

Position Match - Identify how closely the responsibilities of your organization's position correspond to those of the position description. Use the position match code:
1 - Your position has *less responsibility* than the position description.
2 - Your position *closely matches the responsibilities* of the position description.
3 - Your position has *greater responsibilities* than the position description.

Hourly Base Pay - Enter the hourly base pay rate of the incumbent effective as of April 1, 2010. **Do not report average rates per position. Do not include contracted staff from outside sources.** Report the data in hourly figures (e.g., $15.80).

Hourly Range Minimum and Maximum - A traditional pay structure has a minimum, midpoint, and maximum with a range spread of approximately 50% - 100%. If a traditional pay structure is used to manage pay for this position, then enter the minimum and maximum of the range for this position. **Do not** enter Broadband range information.

Short-term Incentive (STI) Eligible - This refers to participation in an incentive plan with awards related to performance against selected criteria over a period of one year or less (e.g., an annual incentive plan or a project milestone bonus program).
1 - Yes
2 - No

Annual STI Threshold Percent (as Percent of Base) - Minimum incentive payout based on minimum performance requirements as a percent of base pay. **Note**: If your threshold is 5% please enter "5", not ".05".

Position Incumbent Information

Annual STI Target Percent (as Percent of Base) - If the position is eligible for a short-term incentive, enter the annual target percent as a percent of base pay based on the design elements of the plan. The target percent should reflect the payout if all goals for the year are met. If the target percent has changed from the prior year, enter the target percent that corresponds to the incentive amount to be reported for incumbents in the position. **Note:** If your target is 5% please enter "5", not ".05".

Annual STI Maximum Percent (as Percent of Base) - Indicate the maximum annual cash incentive, as a percent of base pay, for the position. **Note**: If your maximum is 5% please enter "5", not ".05".

Annual Short-term Incentive (STI) Amount - Enter the amount of incentive earned (but not necessarily paid out) in the most recently completed twelve-month incentive performance period. Exclude any non-performance-based incentives such as holiday bonuses, sign-on bonuses, retention bonuses, or mandatory deferred compensation payments. Profit sharing awards should be included in this category unless they are deferred for retirement benefit. If the incumbent was eligible for an incentive, but no incentive was given, enter "0." **Do not** report this information if the incumbent is not incentive eligible. Please see short-term incentive eligible for further definition. Report the incentive amount in annual whole dollars. If an incumbent receives a prorated amount please annualize. If it is not possible to provide an annual amount this field should be left blank. Short-term incentive amount should be at least $100 if annualized.

STI Status for Non-Receivers - Use the following codes to identify the STI amount status for each incumbent who is eligible for a payout and either a zero or a blank was reported:
1 - Performance Goals not achieved
2 - New employee
3 - Payout amount not available
4 - Plan design change
5 - Other

Long-term Incentive (LTI) Eligible - Enter a "1" for Yes or "2" for No to indicate whether this incumbent is eligible for a long-term incentive. This refers to an incentive plan in which awards are typically related to performance against selected criteria over a period of more than one year. **Note:** If yes, please be sure to provide data for long-term incentive plan types offered and awarded.

LTI Plan Types Offered - Indicate which long-term incentive plan(s) are offered to this incumbent. Please insert a comma, without spaces between numbers, if multiple plans are offered (e.g., 11,21,32). A description about each of the plans follows:
11 - Stock/Share Options
12 - Share Appreciation Rights (SARs)
21 - Stock/Share/Share Unit Awards
31 - Performance Units
32 - Long-term Cash

Stock/Share Options - Stock/Share Options allow for the purchase of stock at a fixed price over a specified period. The exercise price is typically equal to the market price on the date of grant, but may be less than or greater than the market price on the date of grant.

Share Appreciation Rights (SARs) - Share Appreciation Rights provide an incumbent with the appreciation in market value of the share. They may be paid out in cash, stock, or a combination of cash and stock. No investment on the part of the incumbent is required. Share Appreciation Rights include Phantom Appreciation Shares. Phantom Appreciation Shares are an award denominated in hypothetical shares, the value of which is based on an increase in actual share value or another measure of organization value (e.g., book value). There are three types of Share Appreciation Rights:

Freestanding - SAR grant that is not attached to a stock option.
Limited - SAR that is exercisable only upon the occurrence of a specific event such as a change of control.
Tandem - SAR that is granted with a stock option. The exercise of one cancels the other.

Stock/Share/Share Unit Awards - Conditional grants of notional, actual or phantom shares of stock with vesting contingent upon employment for a specified period of time or achievement of specified performance goals over a multi-year performance period. The value of each share depends upon the market value of the share at the end of the vesting period. Share Awards include those that are commonly referred to as Restricted Stock, Restricted Stock Units, Performance Shares, Performance Share Units, or Phantom Full Value Shares.

Performance Units - Conditional grant denominated in units other than notional or actual shares, with payment contingent upon achievement of specified performance goals over a multi-year performance period. Performance Units are cash-denominated and not tied to the price of a share of stock. Although units are usually dollar-denominated, their value may also be based on other constructs, such as dividends or EPS (Earnings Per Share). Where the value of each unit is equal to $1.00, the incentive type is also known as "Long-term Cash."

Long-term Cash - A predetermined cash amount paid out contingent upon achievement of specified performance goals over a multi-year performance period.

Position Incumbent Information

Premium Rates - This refers to premium rates of pay associated with incumbents working nonstandard shifts. **Report the data only in hourly figures (e.g., $4.20),** *not* **as a percent of hourly base pay.** If your organization pays differentials as a percent of hourly base pay, please convert these to hourly dollar figures. **Report differentials only, not full shift amounts** (except for On-call/Stand-by rate). When reporting weekend differential rates, include the entire differential rates paid, including any regular-week 2nd or 3rd shift differentials that may also apply. If a flat weekend differential rate is paid without regard to which shift is being worked, report that flat rate where each weekend shift differential is collected. If no weekend-specific shift differentials apply, report any applicable regular-week 2nd or 3rd shift differentials where each weekend shift differential is collected, as appropriate.

Hourly $ 2nd Shift Premium Rate (differential only) - Enter the hourly differential rate of pay each incumbent receives for working a non-weekend second shift.

Hourly $ 3rd Shift Premium Rate (differential only) - Enter the hourly differential rate of pay each incumbent receives for working a non-weekend third shift.

Hourly $ Weekend 1st Shift Premium Rate (differential only) - Enter the hourly differential rate of pay each incumbent receives for working a weekend first shift.

Hourly $ Weekend 2nd Shift Premium Rate (differential only) - Enter the hourly differential rate of pay each incumbent receives for working a weekend second shift.

Hourly $ Weekend 3rd Shift Premium Rate (differential only) - Enter the hourly differential rate of pay each incumbent receives for working a weekend third shift.

Hourly $ Holiday Premium Rate (differential only) - Enter the hourly differential rate of pay each incumbent receives for working a holiday shift.

Hourly $ In-charge Premium Rate (differential only) - Enter the hourly differential rate of pay each incumbent receives for assuming in-charge nursing shift responsibilities.

Hourly $ On-call/Stand-by Rate - Enter the hourly rate of pay each incumbent receives during the time he/she is waiting and prepared to work if called. This is not the rate of pay an incumbent would receive if he/she reported into work after being called.

Module 5 - Healthcare Provider Individual Contributors Position List by Family

Patient Care

5003	Patient Safety Sitter
5005	Certified Nursing Assistant/Patient Care Technician (CNA/PCT)
5010	Licensed Practical/Vocational Nurse (LPN/LVN)
5015	Nurse Intern
5020	Registered Nurse - Level I (RN - Hospital)
5030	Registered Nurse - Level II (RN - Hospital)
5040	Registered Nurse - Level III (RN - Hospital)
5050	Certified Registered Nurse First Assistant (CRNFA)
5055	Nurse Anesthetist (CRNA)
5060	Chief Nurse Anesthetist (CRNA)
5065	Infection Control Nurse (RN)
5070	Employee Health Nurse (RN)
5075	Case Manager (RN)
5080	Nurse Midwife (CNM)
5085	Physician Assistant
5086	Specialty Physician Assistant
5090	Nurse Practitioner
5091	Neonatal Nurse Practitioner (NNP)
5093	Pediatric Nurse Practitioner (PNP)
5094	Specialty Nurse Practitioner
5095	Nurse Educator/Instructor (RN)
5098	Diabetes Educator (CDE)
5100	Lactation Consultant (RN)
5105	Clinical Nurse Specialist
5110	Nurse Shift Supervisor (RN)
5115	Nurse Manager
5120	Surgical Technologist
5122	Anesthesia Technician
5160	Transplant Nurse
5161	Dental Assistant
5562	Mental Health Case Manager
5590	Psychiatric Nurse (RN)

Physician Practices/Clinics

5205	Physician Practice/Clinic Receptionist
5210	Physician Practice/Clinic Medical Assistant
5215	Physician Practice/Clinic LPN/LVN
5220	Physician Practice/Clinic RN

Emergency Medical/Transport

5130	Patient Transporter
5132	Van Driver
5260	Emergency Medical Technician (EMT)
5265	Paramedic
5270	Transport Dispatcher
5275	Transport Nurse (RN)
5280	Transport Respiratory Therapist (RT)

Call Center

5140	Poison Information Specialist
5145	Call Center Representative
5150	Call Center Nurse (RN)
5155	Call Center Manager

Radiology

5300	Radiology Supervisor
5302	RIS/PACS Support Specialist
5305	CT Technologist
5310	MRI Technologist
5315	Mammography Technologist
5320	Ultrasound Technologist
5325	Radiologic Technologist
5330	Chief Radiologic Technologist

Radiology

5335	Special Procedures Technician
5340	Nuclear Medicine Technologist
5345	Chief Nuclear Medicine Technologist
5350	Film Librarian
5355	Radiation Therapy Technologist
5360	Dosimetrist
5365	Radiation Physicist

Cardiology/Neurology/Respiratory

5125	Perfusionist
5370	Cardiac Monitor Technician
5375	Cardiology Technician - Noninvasive
5380	Cardiology Technologist - Invasive
5383	Echocardiogram (Echo) Technician
5385	Electrocardiograph (EKG) Technician
5388	Cardiology Supervisor
5390	Electroencephalogram (EEG) Technician
5395	Polysomnograph Technician
5398	ECMO Technician
5535	Respiratory Therapy Technician
5540	Respiratory Therapist

Laboratory

5400	Hyperbaric Technician/Technologist
5402	Lab Clerk/Assistant
5403	Lab Courier
5405	Medical Laboratory Technician (MLT)
5410	Medical Technologist (MT)
5415	Phlebotomist
5420	Laboratory Supervisor
5425	Histotechnologist
5430	Cytotechnologist
5433	Epidemiologist

Pharmacy

5435	Pharmacy Service Associate
5440	Pharmacy Technician
5445	Lead Pharmacy Technician
5450	Clinical Pharmacist
5455	Staff Pharmacist (RPh)
5460	Staff Pharmacist (RPh) - Retail/Satellite
5465	Pharmacy Team Manager
5470	Pharmacy Buyer

Module 5 - Healthcare Provider Individual Contributors Position List by Family

Rehabilitation

5505	Certified Occupational Therapy Assistant (COTA)
5510	Occupational Therapist
5513	Physical Therapy Attendant/Aide
5515	Licensed Physical Therapist Assistant
5520	Physical Therapist
5523	Orthopedic Technician
5525	Exercise/Recreation Therapist
5528	Exercise Physiologist
5530	Athletic Trainer
5545	Speech/Language Pathologist
5550	Audiologist
5555	Enterostomal Therapist

Psychiatric/Social Services

5135	Wellness Specialist
5559	Mental Health Assistant
5560	Mental Health Technician
5561	Mental Health Intake Counselor
5563	Mental Health Program Coordinator/Manager
5564	Vocational Rehabilitation Specialist
5565	Social Worker (MSW/LCSW)
5566	Bereavement Counselor
5568	EAP Counselor
5570	Psychologist (MA)
5575	Psychologist (PhD)
5580	Chaplain
5585	Child Life Specialist
5595	Genetic Counselor

Food & Nutrition

5600	Dietary Supervisor
5605	Food Service Worker
5610	Cook
5615	Dietetic Technician
5620	Clinical Dietitian

Materials Management

5625	Materials Management Clerk
5630	Central Supply/SPD Technician
5635	Buyer
5640	Central Supply Supervisor

Administration/Patient Relations

5703	Mail Clerk
5705	Switchboard Operator
5710	Receptionist
5715	Clerk/Typist
5720	Administrative Secretary
5725	Unit Secretary
5730	Executive Secretary
[s]5735	Administrative Assistant to President/Chief Executive Officer
5760	Hospital Registrar
5761	Patient Scheduler
5763	Patient Placement Coordinator (RN)
5778	Quality Coordinator
5785	Child Care Teacher
5790	Environmental Health and Safety Officer
5795	Hospital Concierge
5798	Interpreter

Health Information

5740	Tumor Registrar (CTR)
5745	Medical Transcriptionist
5750	Medical Records Technician
5755	Coding Specialist
5765	Medical Librarian

Marketing/Foundation

5770	Marketing/Public Relations Specialist
5771	Grant Writer
5772	Foundation Development Specialist - Associate
5773	Foundation Development Specialist - Senior

Finance/Insurance/Reimbursement

5775	Utilization Review Nurse
5805	Accounting Clerk
5810	Accountant
5815	Financial Analyst
5818	Biostatistician
5820	Billing/Patient Accounts Specialist
5822	Business Office Supervisor
5823	Business Office Cashier
5825	Credit and Collections Specialist
5830	Payroll Clerk

Human Resources

5780	Medical Staff/Credentialing Specialist
5835	Human Resource Generalist
5840	HRIS Specialist
5845	Compensation/Benefits Analyst
5850	Recruiter
5855	Nurse Recruiter
5858	Staffing Coordinator

Module 5 - Healthcare Provider Individual Contributors Position List by Family

Information Technology

5860	Computer Operator
5865	Programmer/Analyst
5870	Web Developer
5875	Network Technician
5880	Systems Analyst
5885	Nursing Information Systems Coordinator
5890	Clinical/Nursing Information Systems Specialist
5950	Telecommunications Specialist
5955	Biomedical Electronics Technician

Facilities/Support Services

5905	Groundskeeper
5908	Laundry Supervisor
5910	Housekeeper
5912	Housekeeping Supervisor
5915	General Maintenance Worker
5917	Maintenance Supervisor
5920	Painter
5925	Plumber
5930	Carpenter
5935	Electrician
5940	HVAC Mechanic
5945	Plant Operations Specialist
5960	Security Guard

Clinical Research

5970	Clinical Research Assistant
5975	Clinical Research Technician - Associate
5980	Clinical Research Technician - Senior
5985	Clinical Research Scientist
5990	Clinical Research Nurse

Module 5 - Healthcare Provider Individual Contributors Position Descriptions

5003   Patient Safety Sitter

Under general supervision, responsible for monitoring assigned patients within the hospital. Duties may include preparing meal trays, providing fluids, and walking with patients. Typically reports to the Nurse Shift Supervisor (RN).

5005   Certified Nursing Assistant/Patient Care Technician (CNA/PCT)

Working under the supervision of a licensed nurse, primarily responsible for providing direct bedside care to patients. Responsibilities can include implementation of selected portions of the care plan including respiratory services, rehabilitation services, and phlebotomy under the supervision of licensed caregivers. Typically requires completion of a CNA or PCT program.

5010   Licensed Practical/Vocational Nurse (LPN/LVN)

Under the direction of a registered nurse or team leader, provides general nursing care to patients. Requires LPN or LVN license.

5015   Nurse Intern

Performs specific tasks under the direct supervision of a registered nurse. Requires current enrollment in an accredited RN program and current enrollment in or completion of at least one clinical rotation.

5020   Registered Nurse - Level I (RN)

Provides professional nursing care to patients within an assigned unit. Typically has less than one year of professional nursing experience. Requires RN license.

5030   Registered Nurse - Level II (RN)

Provides professional nursing care to patients within an assigned unit. Typically has one to eight years of professional nursing experience or is considered a Floor/Career Nurse. Requires RN license.

5040   Registered Nurse - Level III (RN)

Demonstrates expert clinical skills and provides complex nursing care to patients. Typically has eight years or more of professional nursing experience and is involved in decision-making committees. Requires RN license.

5050   Certified Registered Nurse First Assistant (CRNFA)

Serves as a surgical first assistant by directly assisting the surgeon by controlling bleeding, providing wound exposure, suturing, and other surgical tasks. May provide other advanced assistance such as mobilizing the tissue, positioning the patient, and directing other surgical staff. Does not function as a scrub nurse. Requires certification as a Certified Registered Nurse First Assistant (CRNFA).

5055   Nurse Anesthetist (CRNA)

Administers anesthesia and observes and manages patient's condition during and after anesthesia. Requires certification as a Certified Registered Nurse Anesthetist (CRNA).

5060   Chief Nurse Anesthetist (CRNA)

Schedules and coordinates the activities of the nurse anesthetists engaged in administering anesthetics to patients during surgical procedures. Monitors the effects of specific anesthesia, drugs, techniques, and patient reactions. Develops, recommends, and implements procedures pertaining to the administration of anesthetics. Requires certification as a Certified Registered Nurse Anesthetist (CRNA).

5065   Infection Control Nurse (RN)

Provides education and consultation to hospital and clinic staff regarding the prevention and spread of infection. Investigates infection control problems and arranges follow-up care for persons exposed to infection or disease. Instructs staff in universal and specific infection control procedures. Reports infections/communicable diseases to the appropriate public health authority. May assist in writing and updating organization's policies and procedures on infection control. Requires RN license.

5070   Employee Health Nurse (RN)

Provides nursing care, health education, and guidance for facility's employees to employees who become ill or are injured at work. Administers facility-wide immunizations/inoculations to prevent the spread of communicable diseases. Requires RN license.

5075   Case Manager (RN)

Works with physicians and multidisciplinary team members to develop a plan of care for assigned patients. Ensures patient is progressing towards desired outcomes by monitoring care through assessments and/or patient records. Identifies and resolves barriers that hinder effective patient care. Actively involved in discharge planning process. Requires RN license.

5080   Nurse Midwife (CNM)

Provides care to obstetrical and gynecological patients in accordance with nurse midwifery protocols. Provides on-call coverage to obstetrical patients, including telephone triage. Manages normal labor and delivery. May also coordinate postpartum course. Requires certification as a Certified Nurse Midwife.

B = Title/Desc. Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

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Module 5 - Healthcare Provider Individual Contributors Position Descriptions

5085   Physician Assistant
Under the direction of a physician, provides clinical patient care such as taking medical histories, performing physical exams, ordering and interpreting laboratory tests and x-rays, making preliminary diagnoses, treating minor injuries. Requires certification as a Physician Assistant.

5086   Specialty Physician Assistant
Under the direction of a physician, provides clinical patient care such as taking medical histories, performing physical exams, ordering and interpreting laboratory tests and x-rays, making preliminary diagnoses, and assisting in surgery. Provides care in a specialty area such as surgery, cardiology, orthopedics, etc. Requires certification as a Physician Assistant.

5090   Nurse Practitioner
Provides assistance and support to physicians and other medical providers in assessing, planning, and providing patient care. Must have completed advanced education and training in the diagnosis and management of common medical conditions and chronic illnesses. Requires certification as a Nurse Practitioner.

5091   Neonatal Nurse Practitioner (NNP)
Responsible for providing care to newborn infants in the Neonatal Intensive Care Unit (NICU). Establishes a medical diagnosis; orders and evaluates diagnostic studies; monitors therapeutic procedures and manages follow-up plans. Requires certification as a Neonatal Nurse Practitioner (NNP).

5093   Pediatric Nurse Practitioner (PNP)
Provides assistance and support to physicians and other medical providers in assessing, planning, and providing patient care. Functions independently in the roles of expert practitioner, consultant, educator, patient advocate, and care coordinator in a specialized area of practice. Requires certification as a Pediatric Nurse Practitioner, a Master's degree, and a RN license.

5094   Specialty Nurse Practitioner
Provides assistance and support to physicians and other medical providers in assessing, planning, and providing patient care. Must have completed advanced education and training in the diagnosis and management of common medical conditions and chronic illnesses. Provides care in a specialty area such as surgery, cardiology, orthopedics, etc. Requires certification as a Nurse Practitioner.

5095   Nurse Educator/Instructor (RN)
Devises and maintains strategies to ensure nursing professional development. Keeps staff current about changes in protocols and procedures. Works with the unit orientation committee to orient new employees. Requires RN license.

5098   Diabetes Educator (CDE)
Provides comprehensive diabetes education by teaching patients about meal planning, diabetes medications, exercise, how to check blood glucose and how to integrate diabetes care into everyday life. Requires a Bachelor's degree and Certified Diabetes Educator (CDE) certification.

5100   Lactation Consultant (RN)
Responsible for the development, implementation, and education of patients, families, and staff as it relates to breast feeding and lactation. Provides additional support and problem solving to patients experiencing feeding difficulty. Requires RN license and typically is certified by the International Board of Certified Lactation Consultants (IBCLC).

5105   Clinical Nurse Specialist
Provides clinical leadership and expertise in a specialty area. May provide direct care to patients, teach in a variety of healthcare settings, and work as a researcher, consultant, or nurse manager. Typically requires a Master's of Science degree in Nursing.

5110   Nurse Shift Supervisor (RN)
Assumes assigned shift responsibility and provides support to clinical units. Monitors the care provided on nursing units and handles problems and issues as they arise. Requires RN license.

5115   Nurse Manager
Responsible for the staffing and administration of a nursing unit or floor. Supervises the caliber of treatment and care of the patients. Typically reports to the Head of Nursing or 2nd Level Executive of Nursing.

5120   Surgical Technologist
Performs pre-operative procedures such as selection and placement of surgical instruments, supplies, and equipment. Transports and prepares patients for surgery. Assists the surgical team with putting on sterile gowns and gloves. During the surgical procedure, observes patients' vital signs, checks charts, and provides instruments, sutures, and other sterile supplies. Helps prepare, care for, and dispose of specimens taken for laboratory analysis and helps apply dressings. After an operation, may help transfer patients to the recovery room and clean and restock the operating room.

5122   Anesthesia Technician
Responsible for stocking and preparing all anesthesia equipment and supplies. Performs safety checks on anesthesia machines and assists the anesthesia care provider as needed. Requires an Associate's degree. Typically has three or more years experience.

B = Title/Desc. Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 5 - Healthcare Provider Individual Contributors Position Descriptions

5125   Perfusionist
Responsible for the operation of the heart-lung machine and are members of the open heart surgery team. Operates extracorporeal circulation and autotransfusion equipment during any medical situation where it is necessary to support or temporarily replace the patient's circulatory or respiratory function.

5130   Patient Transporter
Transports patients to and from clinical, ancillary, and support areas via wheelchair or stretcher.

5132   Van Driver
Transports patients, staff or equipment to and from various clinics, nursing facilities or other ancillary locations via van or shuttle bus. Typically requires Chauffeur Driver's License (CDL).

5135   Wellness Specialist
Assists in the development, implementation, and promotion of various health education and health screening programs for employees and the community. Typically reports to the Wellness Coordinator.

5140   Poison Information Specialist
Provides telephone consultation, evaluates possible poisoning, and recommends poison treatment information to the public, physicians, and other health care providers. Requires RN license.

5145   Call Center Representative
Responsible for responding to various telephone inquiries. Facilitates registration referrals to classes, programs, and screenings. Assists with physician referrals.

5150   Call Center Nurse (RN)
Provides clinical assessments, health education, and utilization management to callers. Requires RN license.

5155   Call Center Manager
Manages the daily operations of the Call Center ensuring that operations are consistent with Federal law (e.g., Stark and HIPAA). Typically requires a Bachelor's degree and more than five years of call center experience with at least three years in a supervisory position.

5160   Transplant Nurse
Responsible for professional nursing care to patients requiring organ transplants. Assists in the education provided to patients and family regarding the transplant process and procedure. Requires RN license.

5161   Dental Assistant
Provides technical assistance and support for providers during dental examinations and procedures. Prepares instruments and treatment materials, obtains radiographic images and dental impressions and provides patients with general information and instruction.

5205   Physician Practice/Clinic Receptionist
Responsible for greeting patients, verifying insurance coverage and eligibility, reviewing new patient registration, and entering new patient information into the computer system at an outpatient care site.

5210   Physician Practice/Clinic Medical Assistant
Responsible for clinical duties such as taking vital signs, giving injections, performing simple diagnostic tests, collecting specimens, drawing blood, sterilizing and cleaning equipment, and maintaining examination rooms at an outpatient care site. May also be responsible for some administrative duties.

5215   Physician Practice/Clinic LPN/LVN
Provides general nursing care to patients in an outpatient care site. Requires LPN or LVN license.

5220   Physician Practice/Clinic RN
Provides professional nursing care to patients in an outpatient care site. Requires RN license.

5260   Emergency Medical Technician (EMT)
Determines the nature and extent of the patient's condition while trying to ascertain whether the patient has pre-existing medical problems. Provides appropriate emergency care and transports the patient when necessary. Requires certification as an EMT.

5265   Paramedic
Determines the nature and extent of the patient's condition while trying to ascertain whether the patient has pre-existing medical problems. Treats patients with minor injuries on the scene of an accident or at their home before or instead of transporting them to a medical facility. Emergency treatments for more complicated problems are carried out under the direction of medical doctors by radio preceding or during transport. Requires certification as an EMT-Paramedic.

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Module 5 - Healthcare Provider Individual Contributors Position Descriptions

5270   Transport Dispatcher
Responsible for dispatching and coordination of ground and/or flight teams for emergency patient transport.

5275   Transport Nurse (RN)
Provides professional nursing care to patients during emergency ground and/or air transport. Typically requires 2 - 3 years critical care experience and Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification. Requires RN license.

5280   Transport Respiratory Therapist (RT)
Provides respiratory care to patients during emergency ground and/or air transport. Typically requires a minimum of 3 years respiratory therapist experience and Neonatal Pediatric Resuscitation (NPR), Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification. Requires CRT and/or RRT license.

5300   Radiology Supervisor
Responsible for the day-to-day operations of the radiology department; includes overseeing the technical quality of the radiographs, ensuring the accurate inventory of film and other radiological supplies, maintaining a quality improvement program and keeping x-ray rooms up to IDNS specifications. Requires certification as an X-ray technician and must meet the requirements of registry by ARRT or CRT.

5302   RIS/PACS Support Specialist
Responsible for developing, installing, implementation, and support of all components of the Information Systems (RIS) and the Picture Archiving and Communication System (PACS).

5305   CT Technologist
Performs computerized tomographic procedures for the diagnosis of disease and injury using a CT scanning device according to protocols established by radiologists. Typically is ARRT certified.

5310   MRI Technologist
Produces detailed tissue images for medical diagnosis by performing a variety of magnetic resonance imaging procedures. Explains procedures to patients and assists radiologist in administering medications. Typically is ARRT certified.

5315   Mammography Technologist
Performs mammography exams, screening and diagnostic studies, and needle localizations. Typically is ARRT certified.

5320   Ultrasound Technologist
Operates ultrasonic diagnostic equipment to examine various parts of the body in order to study a wide variety of conditions (e.g., ensuring the physical health of an unborn baby, screening the body for cancer). Maintains patient records, keeps track of inventory, orders supplies, and maintains proper working order of equipment. Typically is ARRT certified.

5325   Radiologic Technologist
Operates and maintains x-ray equipment and takes x-rays of various portions of the body to assist radiologist in diagnosis of disease and injuries. Prepares patients for x-ray by administering drugs or chemical mixtures orally or intravenously. Typically is ARRT certified.

5330   Chief Radiologic Technologist
Monitors the quality of the Radiologic Technologist work. Interacts with physicians and radiologists to communicate special requests, procedure notification, or problem solutions. Serves as a technical resource on radiologic procedures and assists in developing and reviewing routine procedures. May also assist in performing radiologic procedures. Typically is ARRT certified.

5335   Special Procedures Technician
Performs radiologic procedures using special procedures imaging modalities. Applies principles of radiation protection, provides patient care essential to procedure, and recognizes patient conditions requiring immediate action and initiates life support measures. Typically is ARRT certified.

5340   Nuclear Medicine Technologist
Prepares and positions patients, prepares and administers radioactive drugs, and operates nuclear medicine instruments and imaging equipment. Collects, prepares, and analyzes biologic specimens and prepares data for interpretation. May perform radiation safety and quality control procedures. Typically is ARRT certified.

5345   Chief Nuclear Medicine Technologist
Monitors the quality of the Nuclear Medicine Technologist work. Performs the technical phases of nuclear medical research and ensures the availability of radioisotopes based on current supply, daily requirements, and future needs. May also assist in performing radiologic procedures. Typically is ARRT certified.

5350   Film Librarian
Responsible for processing loan requests, filing incoming films and reports, and troubleshooting missing records. Duplicates films upon request. Clears files at designated intervals. Matches prior films with current exams and passes to the radiologists for reading.

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Module 5 - Healthcare Provider Individual Contributors Position Descriptions

5355   Radiation Therapy Technologist

Administers radiation therapy treatments to cancer patients after conferring with radiation oncologists and dosimetrists. Updates patients' records with radiation dosage given. Maintains and operates radiation therapy equipment. Typically is ARRT certified.

5360   Dosimetrist

Serves as a member of the radiation oncology team with knowledge of the overall characteristics and clinical relevance of the radiation oncology treatment machines and equipment. Has the education and expertise to generate radiation dose distributions and dose calculations in collaboration with the radiation oncologist. Certified Medical Dosimetrist (CMD) certification is required.

5365   Radiation Physicist

Ensures the quality of care in the use of radiation-producing sources and imaging equipment, while protecting patients and staff from radiation. Calibrates all radiation therapy equipment. Conducts equipment performance reviews as needed and implements quality control procedures for imaging devices. Recommends radiation safety procedures to areas using radiation. Educates staff in radiation safety practices.

5370   Cardiac Monitor Technician

Responsible for the cardiac monitoring of patients. Assesses and reports the patient's cardiac rhythm and/or life-threatening cardiac events to medical/nursing staff. Also may be responsible for documenting and posting rhythm strips into the patient record.

5375   Cardiology Technician - Noninvasive

Performs noninvasive cardiology tests such as cardiac stress tests, Holter monitors, echocardiography, and electrocardiography (EKGs).

5380   Cardiology Technologist - Invasive

Prepare patients for cardiac catheterization and balloon angioplasty and assists physicians during procedures. Monitors blood pressure and heart rate using EKG equipment. May also prepare and monitor patients during open-heart surgery and the implantation of pacemakers.

5383   Echocardiogram (Echo) Technician

Performs and monitors echocardiogram (cardiac ultrasound) procedures. Calculates, measures, and documents appropriate values on the tests performed for review and interpretation by physicians. Communicates with physicians, managers, and co-workers as appropriate about changes in patient's clinical conditions while undergoing echocardiogram.

5385   Electrocardiograph (EKG) Technician

Operates electrocardiograph (EKG) machines to record electromotive variations of patients' heart muscle in order to provide data used by physicians in the diagnosis and treatment of heart ailments. Gathers pertinent patient data and explains test procedures to patients. Marks, edits, mounts, and labels tracings for review and interpretation by physicians.

5388   Cardiology Supervisor

Oversees the cardiology staff and is responsible for the day-to-day operations of the cardiology department; includes overseeing the technical quality of cardiology tests and procedures. Typically has 1-3 years of supervisory experience.

5390   Electroencephalogram (EEG) Technician

Operates electroencephalograph (EEG) machine in order to measure brain wave characteristics for use by physicians in diagnosing brain disorders. Reviews patients' medical charts and explains procedures to patients and/or families. May also perform other neurology exams (e.g., electro-cerebral-silence, evoked responses, and compressed spectral analysis).

5395   Polysomnograph Technician

Responsible for monitoring and recording physiologic data of patients during sleep. Typically is a Registered Polysomnograph Technologist or, may be a Registered Respiratory Therapist or Neurodiagnostics Technician with specialized training in Polysomnograph testing.

5398   ECMO Technician

Responsible for the operation and maintenance of extra-corporeal membrane oxygenator. Provide valuable assessment skills to the ECMO physician and perfusionist. Requires completion of a Respiratory Therapy Technician Program and may require certification as a Certified Respiratory Therapy Technician (CRTT) and/or ECMO certification.

5400   Hyperbaric Technician/Technologist

Responsible for administering hyperbaric oxygen therapy under the supervision of a hyperbaric physician. Operates and maintains hyperbaric chamber and related equipment. Typically requires at least two years of experience as a Certified Hyperbaric Technologist.

5402   Lab Clerk/Assistant

Responsible for the appropriate labeling and timely delivery of lab specimen to the appropriate department within the hospital. Investigates missing and/or inappropriately labeled specimens. Answers phones, greets patients, and reports results to physician and nursing staff. May be responsible for general administrative duties, such as filing and mail delivery.

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Module 5 - Healthcare Provider Individual Contributors Position Descriptions
5403   Lab Courier
Responsible for the pick-up and delivery of medical specimens, reports, and supplies from area medical facilities. Assures laboratory vehicle is in proper working order and ensures timely delivery of all products.

5405   Medical Laboratory Technician (MLT)
Conducts routine tests in clinical laboratories for use in treatment and diagnosis of diseases. Performs urinalyses, blood counts, and venipunctures and analyzes body fluids, tissues, and cells. May be under the supervision of a Medical Technologist (MT). Requires certification by ASCP or AMT.

5410   Medical Technologist (MT)
Performs and monitors varied and/or specialized diagnostic laboratory tests. Assists in preparing pathological specimens for examination by a pathologist. Requires certification by ASCP or AMT.

5415   Phlebotomist
Collects and prepares blood specimens and other samples for laboratory testing. Maintains collection areas and equipment and performs record keeping duties. Typically has completed a phlebotomy program or a medical laboratory technology program that includes phlebotomy.

5420   Laboratory Supervisor
Directs, coordinates, and may participate in the activities of workers performing chemical, microscopic, or bacteriologic tests to obtain data for diagnosis and treatment of disease. Typically has 1-3 years of supervisory experience.

5425   Histotechnologist
Prepares thin sections of body tissues for use in microscopic examination by a pathologist. Typically requires completion of a histotechnologist (HTL) program.

5430   Cytotechnologist
Traces clues to disease in the cytoplasm and nucleus of cells that have been stained with special dyes. Issues the final report on specimens that contain normal cells and works with a pathologist to arrive at a final diagnosis when abnormal. Typically requires a Bachelor's degree and completion of a cytotechnology (CT) program.

5433   Epidemiologist
Investigates the causes and distribution of diseases. Responsible for scientific direction and day-to-day management of research projects. Prepares protocols and analytic plans and develops methods of disease prevention and control. Typically requires a Master's degree.

5435   Pharmacy Service Associate
Entry level position in the pharmacy. Responsible for all pharmacy cashier activity and home delivery preparation. Answers telephone in pharmacy and handles entry level customer service issues, such as price discrepancies and/or incomplete orders. High School Degree/GED typically desired or being pursued.

5440   Pharmacy Technician
Obtains new prescriptions and prescription refill information (e.g., name, address, and health coverage). Retrieves, counts, and measures drugs. Assists pharmacist in price-checking and restocking of drugs. Accesses, inputs, and retrieves prescription information from computer. Refers doctors' calls and any medical questions to pharmacist. May operate a cash register. High School Degree/GED typically required. May or may not be a Certified Pharmacy Technician (CPhT).

5445   Lead Pharmacy Technician
In addition to Pharmacy Technician duties, resolves problems related to prescription inquiries. Responsible for advising Pharmacy Technician on order fulfillment and related duties. Responsible for implementing inventory control procedures and ordering merchandise within regulatory guidelines. High School Degree/GED typically required. May or may not be a Certified Pharmacy Technician (CPhT).

5450   Clinical Pharmacist
Consults with nursing and medical staff on prescription orders, patient reactions, and errors or complaints. Conducts drug utilization reviews and prepares drug review criteria for medical staff approval. Monitors drug therapies as assigned by medical staff and suggests alternatives as appropriate. Consults with physician and physician groups concerning financial risk management related to prescribing. Requires PharmD degree.

5455   Staff Pharmacist (RPh)
Interprets physicians' prescriptions and compounds and dispenses medications within regulatory guidelines. Consults medical staff regarding use of medications and potential drug interactions and handles complex problem resolution. Assists in maintenance of the pharmacy's financial records. Requires RPh license.

5460   Staff Pharmacist (RPh) - Retail/Satellite
From a hospital-managed retail or satellite location, interprets physicians' prescriptions and compounds and dispenses medications within regulatory guidelines. Consults with customers regarding use of medications and potential drug interactions. Counsels customers and handles complex problem resolution. Assists in maintenance of the pharmacy's financial records. Requires RPh license.

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5465   Pharmacy Team Manager

Manages the day-to-day operations of the pharmacy. Responsible for implementing and/or supervising the development of specific pharmacy services and new programs. Plans, coordinates, and directs all activities related to the compounding, dispensing, delivery, receipt, and handling of medications and associated products within regulatory guidelines. Assists with maintenance of schedules within the pharmacy. Assists with interviewing, hiring, and conducting performance reviews of the Staff Pharmacists and Pharmacy Technicians.

5470   Pharmacy Buyer

Responsible for the purchasing and inventory functions within a pharmacy. Other responsibilities may include monitoring inventory levels to ensure accuracy, properly managing outdated prescriptions and recalls, meeting with sales representatives, stocking shelves, processing invoices, and physically performing inventory reconciliation. May be responsible for maintaining hospital systems related to pharmacy-purchased products.

5505   Certified Occupational Therapy Assistant (COTA)

Under the direction of an occupational therapist, provides rehabilitative services to individuals with mental, physical, emotional, or developmental impairments. Monitors the patient's program and records patient's progress for the occupational therapist. Requires certification as a Certified Occupational Therapy Assistant.

5510   Occupational Therapist

Evaluates patients and helps them improve basic motor functions and reasoning abilities, but also compensate for permanent loss of function by teaching them to perform tasks in their daily living and working environments. These patients may have conditions that are mentally, physically, developmentally, or emotionally disabling. May also assist patients in selecting appropriate adaptive equipment and assistive devices. Requires Occupational Therapist license.

5513   Physical Therapy Attendant/Aide

Assists the physical therapist by preparing patients and equipment for physical therapy and treatments. May also assist therapist in support of patient during therapy, the personal care of patients, and the cleaning and storing of equipment.

5515   Licensed Physical Therapist Assistant

Under the direction of a physical therapist, may be involved in implementing treatment plans with patients. Performs components of physical therapy procedures and related tasks selected by a supervising physical therapist. Records the patient's responses to treatment and reports to the physical therapist the outcome of each treatment. Requires completion of an accredited program.

5520   Physical Therapist

Provides services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. Examines patient's medical history, evaluates their physical abilities, determines their potential to respond to therapy, and develops treatment plans. Requires Physical Therapist license.

5523   Orthopedic Technician

Under general supervision, assists in the treatment of patients with orthopedic needs. Instructs patients in the use of orthopedic appliances and cast and traction care. Maintains cast room and inventory of orthopedic equipment and supplies.

5525   Exercise/Recreation Therapist

Provides treatment and recreation activities throughout the hospital for hospitalized patients and outpatients in accordance with patients' physical, social, and emotional needs. Develops and writes patients' progress and assessment reports and treatment plans. Consults and assists recreation therapy coordinator on designing new therapeutic programs and projects. Typically requires certification as Certified Therapeutic Recreation Specialist (CTRS).

5528   Exercise Physiologist

Under general supervision, prepares physical exercise programs and administers graded exercise tests. Responsible for training and demonstrating appropriate exercise techniques and equipment usage, as well as documenting and submitting patient progress.

5530   Athletic Trainer

Assesses, treats, and rehabilitates athletic injuries under the advice, consent, and prescription of a physician. Requires certification as a Certified Athletic Trainer.

5535   Respiratory Therapy Technician

Performs technical work related to administering therapeutic and diagnostic respiratory care and life support to patients with cardiopulmonary deficiencies and abnormalities. Typically performs these services under the supervision of a licensed respiratory therapist. Requires completion of a Respiratory Therapy Technician Program and may require certification as a Certified Respiratory Therapy Technician (CRTT).

5540   Respiratory Therapist

Evaluates and treats patients with breathing disorders. Assumes primary responsibility for all respiratory care treatments, including supervision of respiratory therapy technicians. Typically requires a four-year program and must be registered.

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5545　　Speech/Language Pathologist
Assesses, diagnoses, and treats speech, language, cognitive, communication, voice, swallowing, fluency, and other related disorders. Also keeps records, monitors progress, and counsels patients and their family members.

5550　　Audiologist
Evaluates, diagnoses, and treats hearing disorders and communication problems. Conducts air and bone conduction, speech reception, and discrimination tests to assess degree of hearing loss or impairment and cites probable cause. Requires Master's degree.

[D]5555　　Enterostomal Therapist
Provides care and education to those with colostomies, ileostomies, urostomies, draining wounds, or problems with incontinence. Typically requires RN license.

5559　　Mental Health Assistant
Responsible for the care of mentally impaired or emotionally disturbed individuals while working under a team that may include psychiatrists, psychologists, psychiatric nurses, social workers and therapists. May assist patients with bathing, dressing, grooming, eating and may socialize with them and lead them in educational or recreational activities.

5560　　Mental Health Technician
Under the supervision of a RN or other designated authority, assists patients with mental problems in activities of daily living, administers medications, and measures patients' general physical condition. Observes and reports patients' behavior patterns and intervenes to restrain by verbal or physical means as required. May complete initial admittance forms for new patients, and may contact patient's relatives by telephone to arrange family conferences. Typically has an associate degree in psychology, nursing or other mental health related field.

5561　　Mental Health Intake Counselor
Responsible for assisting in the process of responding to referrals and other requests for services and information. Provides technical assistance to the discharge planning process and general support to the case management program.

5562　　Mental Health Case Manager
Provides review, pre-authorization and certification for medical necessity and medical appropriateness of mental health and chemical dependency services provided to patients. Provides crisis intervention to the public. Develops after-care and follow-up programs. Typically requires a Master's degree in social work, counseling or related field.

5563　　Mental Health Program Coordinator/Manager
Plans, assigns, supervises, reviews and evaluates the work of the mental health program or function, which may include any combination of licensed clinicians, unlicensed counselors and crisis intervention specialists. Develops and reviews program and grant proposals. Negotiates with service providers regarding procedures, costs and other contract matters. Oversees operational and budgetary matters for the mental health program ensuring quality assurance standards.

5564　　Vocational Rehabilitation Specialist
Provides vocational and clinical direction in the delivery of employment services to psychiatrically disabled patients. Assists in the development of work related assignments. Monitors the patient's progress. Oversees the implementation of outside services for patients. Ensures the program meets governmental guidelines. Typically requires a Master's degree in counseling, social work, psychology or a related field.

5565　　Social Worker (MSW/LCSW)
Secures background information from patients and their families for social evaluation of environment and family relationships. Discusses information obtained in patient and family interviews with physicians, nursing staff, and other hospital and community personnel. Assists patients in finding resources they will need in their homes following discharge. Acts in a liaison role between hospital and family when patient is transferred to other hospital facilities. Requires a Master's degree in Social Work (MSW) and/or be a Licensed Clinical Social Worker.

5566　　Bereavement Counselor
Responsible for conducting bereavement assessments, develops plans of care in conjunction with the interdisciplinary team and documents all bereavement activities. Designs and implements new bereavement programs and services. Requires a Bachelor's degree in Social Work. Typically has three or more years experience.

5568　　EAP Counselor
Provides telephone crisis intervention, assessment, short-term problem resolution, referral, and case management. Addresses a wide range of issues including problems in daily living, psychiatric crisis, and violent situations. Requires expertise and specialized knowledge in substance abuse, domestic abuse, grief counseling, workplace problems, and management consultation. Typically requires a Master's degree in counseling, psychology, social work, or related field with two years post-Master's degree experience in counseling.

5570　　Psychologist (MA)
Conducts patient assessment, diagnosis, treatment, and referral. Performs crisis intervention as needed. May conduct individual and group therapy sessions. Coordinates with referring physician and family members. Requires a Master's degree in Clinical Psychology.

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Module 5 - Healthcare Provider Individual Contributors Position Descriptions

5575　　Psychologist (PhD)
Conducts patient assessment, diagnosis, treatment, and referral. Performs crisis intervention as needed. May conduct individual and group therapy sessions. Coordinates with referring physician and family members. Requires a PhD in Clinical Psychology.

5580　　Chaplain
Shares in the ministry of caring for the physical, spiritual, and emotional needs of the patients, their families, and the staff of the hospital. Provides religious counseling and supportive care and guidance. Must be an ordained clergy person or equivalent. Typically requires Master's degree in Theology, Divinity, or Religion.

5585　　Child Life Specialist
Plans and implements the child life program for patients on an individual and group basis which promotes normal emotional development and reduces psychological stress and trauma related to medical care and illness. Communicates regularly with patients, families, and hospital staff. Requires a Bachelor's degree in Child Life or Child Development and is typically a Certified Child Life Specialist (CCLS).

5590　　Psychiatric Nurse (RN)
Provides professional nursing care to patients within the psychiatric unit. Typically requires two to four years of experience. Requires RN license.

5595　　Genetic Counselor
Responsible for the development and implementation of genetic counseling services. Reviews patient information, evaluates family history, conducts risk assessment and recommends medical or genetic testing based on analysis. Provides crisis intervention and psychosocial counseling as necessary. Requires a Master's degree in genetic counseling and certification from the American Board of Genetic Counselors.

5600　　Dietary Supervisor
Provides direct supervision over functional areas which could include cafeteria, sanitation and patient tray line. Works with a registered dietician to provide nutritional care. Typically requires certification as a Dietary Manager and 1-3 years of supervisory experience.

5605　　Food Service Worker
Performs a variety of routine and unskilled tasks related to the preparation and serving of food.

5610　　Cook
Assists in the preparation and cooking of food in accordance with established procedures and sanitary regulations. Assists in setting up tray line, distributing food to various areas, and disassembling serving line.

5615　　Dietetic Technician
Assists patients in adhering to regular and modified diets to comply with nutritional care plans. Typically requires certification by the ADA as a Dietetic Technician - Registered (DTR) and usually works under the direction of a Registered Dietitian.

5620　　Clinical Dietitian
Coordinates the preparation and serving of meals based on general or special diets. Specifies dietary requirements for patients with special restrictions or nutritional needs. Typically requires certification by the ADA as a Registered Dietitian.

5625　　Materials Management Clerk
Receives, stocks, and distributes materials, supplies, and equipment. Responsible for inventory control.

5630　　Central Supply/SPD Technician
Cleans and disinfects equipment requiring decontamination or sterilization. Responsible for preparing supplies and equipment for use during patient procedures. May also receive, process, stock, and distribute supplies.

5635　　Buyer
Responsible for selecting and negotiating with approved vendors and placing purchase orders for materials, supplies, and equipment.

5640　　Central Supply Supervisor
Responsible for the operations of the Central Supply department and staff. Oversees the preparation, sterilization, and distribution of equipment needed for patient care; maintains inventory records of Central Supply Room. Typically has 1-3 years of supervisory experience.

5703　　Mail Clerk
Under direct supervision, receives and sorts mail for distribution. Delivers mail to pre-established internal mail areas. Collects outgoing mail. Operates postage mailing machine as needed. This is an entry-level position. Typically requires minimal knowledge of postal procedures with little or no experience. Frequently reports to a Mailroom Supervisor.

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5705   Switchboard Operator

Responsible for providing hospital telecommunication services through the use of telephones, pagers, the paging system, radio, or computer to connect communication between visitors, callers, staff, patients, and patients' families. May maintain records related to telecommunications (e.g., long distance phone calls, on-call employees, pages).

5710   Receptionist

Provides a full range of receptionist and supportive services including greeting and providing general information to hospital visitors. May also answer phones.

5715   Clerk/Typist

Performs general secretarial and clerical work. May greet patients, type, file, or answer the telephone.

5720   Administrative Secretary

Performs secretarial and general office work under the general direction of management. Typically provides support to one department and reports to one department head. Types reports and correspondence and performs other clerical duties or tasks as required.

5725   Unit Secretary

Provides clerical support for assigned nursing unit, including transcribing physicians' orders; scheduling diagnostic tests and therapies for patients; assembling and maintaining patients' charts; answering telephone and intercom calls; providing routine, approved information; maintaining supply levels for unit; and reporting unit needs to other departments such as Housekeeping and Maintenance.

5730   Executive Secretary

Responsible for varied secretarial/administrative duties for a Vice President, Assistant Administrator, or other top executive. May compose and type correspondence, relay confidential information, gather and interpret information to develop reports and maintain departmental files, assist in monitoring departmental budgets, and screen visitors and telephone calls.

ˢ 5735   Administrative Assistant to President/Chief Executive Officer

Responsible for varied skilled clerical/administrative functions for the Chief Executive Officer. May greet visitors, arrange appointments, and prepare minutes of meetings and conferences. May supervise or coordinate work of one or more clerical/secretarial employees in the executive offices.

5740   Tumor Registrar (CTR)

Processes, maintains, and reports cancer-related health information data for research, quality assurance, and facility planning and marketing. Abstracts and codes cancer-related clinical data using appropriate classification systems. Obtains long-term follow-up data and analyzes institutional standards. Must have CTR (Certified Tumor Registrar) credentials.

5745   Medical Transcriptionist

Using transcribing and word processing equipment, transcribes medical, technical, and personal patient information, including admitting notes, patient history, physical examinations, operative notes, cystoscopic reports, discharge summaries, and consultation reports. Checks and distributes reports to physicians and files in patient records.

5750   Medical Records Technician

Responsible for assembling and maintaining patients' health information in medical records and charts. Ensures all forms are completed and properly identified and signed and all necessary information is in the computer. Communicates with physicians or others to clarify diagnoses or get additional information. May also assign a code to each diagnosis and procedure.

5755   Coding Specialist

Using ICD-9-CM standards, codes and abstracts medical records for reimbursement purposes.

5760   Hospital Registrar

Interviews incoming patients, enters information on admitting forms, explains hospital regulations, and assigns patients to rooms based on the nature of the illness and the type of accommodations available. May prepare identification bracelets and assist in insurance matters.

5761   Patient Scheduler

Responsible for scheduling and pre-registering patients for exams and procedures. Communicates all relative information and preparation instructions to patient.

5763   Patient Placement Coordinator (RN)

Assesses patient admissions, transfers, and bed availability on specified clinical areas. Develops, coordinates, and implements daily plans for patient assignment, which accommodates patient needs, nursing unit workload, and physician preferences. Evaluates admission/transfer process for patients, families, and physicians on an individual and collective basis. Requires RN license.

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5765   Medical Librarian

Provides day-to-day reference assistance for the information needs of physicians, employees, residents, and students. Specializes in all aspects of the marketing of products and services of the library, the training and orientations of library users, the technical applications related to circulation and cataloging functions, and the development and maintenance of book and journal collections. Participates in ongoing library strategic planning, quality initiatives, and the development of web-based educational resources.

5770   Marketing/Public Relations Specialist

Provides marketing and/or public relations services for the organization. Assists in various events and special programs, prepares and distributes media reports, fulfills requests for information, assists with mailings and with production of audio and video tapes promoting the hospital. May also coordinate web site information updates and revisions.

5771   Grant Writer

Prepares and submits grant applications and proposals for the organization for existing or proposed projects that cannot be sustained within the organization's normal operating budget. Monitors grants received to ensure that guidelines and restrictions are followed. Develops responses to requests for proposals and letters of intent on grants and funding. Typically requires a Bachelor's degree.

5772   Foundation Development Specialist - Associate

Identifies potential donors and prospects. Cultivates and motivates donors to make major gifts to the provider organization's foundation. Maintains donor databases, developing and sending mass mailings, coordinating placements of ads, and assisting and participating in special events. Acknowledges gifts and donations, develops effective working relationships with donors, volunteers, and others to nurture their connection to the organization. May assist with the preparation and submission of applications and proposals for the provider organization.

5773   Foundation Development Specialist - Senior

Identifies potential donors and prospects. Cultivates and motivates donors to make major gifts to the provider organization's foundation. Maintains donor databases, developing and sending mass mailings, coordinating placements of ads, and assisting and participating in special events. Acknowledges gifts and donations, develops effective working relationships with donors, volunteers, and others to nurture their connection to the organization. May prepare and submit applications and proposals for the provider organization. Typically requires at least two years of philanthropy experience.

5775   Utilization Review Nurse

Performs review activities as outlined by the peer review organization, Medicare, and other third-party payers. Assists in monitoring medical staff to ensure quality care and appropriate utilization of hospital services and compliance with length of stay regulations. Also works to ensure compliance with other JCAHO regulations. Typically requires a RN license.

5778   Quality Coordinator

Under general supervision, assists with the development and implementation of an organization-wide quality management program. Implements and maintains programs designed to assess and review the quality of patient care provided. Conducts regular safety and sanitation rounds and prepares and presents analysis and recommendations.

5780   Medical Staff/Credentialing Specialist

Coordinates medical staff appointments. Processes applications and verifies licensing and certifications. May also prepare agendas and related materials for medical staff meetings and peer review activities. May serve as the liaison between the medical staff and all hospital departments to coordinate and provide overall continuity of medical staff activities.

5785   Child Care Teacher

Prepares and implements lessons for daily activities for children of pre-school age involved in the hospital-provided child care program. Maintains a clean, safe, and nurturing environment. Maintains records and reports on each child. Typically requires an Associate degree in Early Childhood Education.

5790   Environmental Health and Safety Officer

Responsible for coordinating and providing leadership for the hospital's safety programs, activities, and educational training. Investigates or supervises the resolution of all safety related incidents, including those involving employees, visitors, patients, and situations posing a threat to the hospital's buildings and/or equipment. Collects, reviews, and analyzes information from hospital safety programs and identifies corrective action and programs as necessary. Ensures compliance with state and federal regulatory requirements. Develops safety related policies and procedures to be used in the event of an internal or external disaster.

5795   Hospital Concierge

Responsible for ensuring that patients' families and other important hospital visitors are made as comfortable as possible by assisting in providing a variety of special services, including accommodations, transportation, business services, dining, shopping, and other personal services.

5798   Interpreter

Interprets and translates information between limited English-speaking patients and medical personnel or others as necessary. Translates written materials as needed. May advocate for patients and informs staff and patients of relevant cultural issues. Requires competency in English and one or more other needed languages.

B = Title/Desc. Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 5 - Healthcare Provider Individual Contributors Position Descriptions

5805   Accounting Clerk

Responsible for various Accounts Payable functions, which may include verifying and coding invoices, processing disbursements, reconciling bills, checking balances, preparing statements, and maintaining vendor files. May prepare checks for signature and communicate to vendors.

5810   Accountant

Responsible for completing and maintaining the general ledgers and financial reports. May also have some responsibility for payroll, performing internal control audits, and budgeting. May supervise departmental support staff. Requires a Bachelor's degree.

5815   Financial Analyst

Conducts and documents financial analysis projects in areas of expense, depreciation, and rate of return on investment. Requires a Bachelor's degree.

5818   Biostatistician

Responsible for statistical consultation, analyses, preparing and maintaining data sets, and working with multiple databases. Participates in research design, and collaboration on proposals, presentations and manuscripts. Requires a Master's degree in biostatistics or a related field.

5820   Billing/Patient Accounts Specialist

Reconciles billing and invoices, checks balances, produces statements, and maintains client files. May perform insurance billing clerical work, including reviewing and verifying insurance accounts against program provisions (e.g., Medicare, BlueCross). Resolves routine patient billing inquiries and problems.

5822   Business Office Supervisor

Supervises and schedules the daily activities of the business office staff. Resolves complex patient payment/billing inquiries and problems.. Typically has 1-3 years of supervisory experience.

5823   Business Office Cashier

Receives payments from patients for hospital and medical services rendered. Explains charges, records payments, and reconciles daily transaction reports. Disburses cash, stores patient items for safekeeping.

5825   Credit and Collections Specialist

Contacts delinquent patients by telephone/mail to secure past due balances and to verify patient information. Maintains account records such as payments, rebates, and reversals and may set up alternative pay plans. May also be responsible for reviewing and resolving third party payer issues.

5830   Payroll Clerk

Enters payroll information into computerized payroll systems and assists in preparing payroll checks. Answers questions from employees and supervisors regarding payroll matters. May maintain records on vacation, sick leave, etc. May assist with governmental reporting/compliance.

5835   Human Resource Generalist

Responsible for daily administration of policies and programs covering several or all of the following: recruiting, compensation and benefits, training, employee and labor relations, safety, and personnel research.

5840   HRIS Specialist

Responsible for processing employee information and maintaining employee records on HRIS. Assists in HRIS design and system development. Prepares and/or supervises statistical summaries and special reports from HRIS involving skills, pay grade, performance data, payroll information, and other employee records.

5845   Compensation/Benefits Analyst

Studies, analyzes, and administers various employee compensation and/or benefit programs including -- but not limited to -- salary administration, job evaluation, performance appraisal, merit and other salary increases, incentive plans, life, health, and disability insurance, pension, profit-sharing, and related retirement programs to ensure that the hospital remains competitive in the marketplace. May be responsible for only compensation programs, only benefits programs, or a combination of both compensation and benefits programs.

5850   Recruiter

Responsible for recruitment of open positions. Maintains contacts within the community and may travel extensively, often to college campuses, to search for promising job applicants. Screens, interviews, and sometimes tests applicants. May also check references and extend job offers.

5855   Nurse Recruiter

Responsible for sourcing, recruiting, and screening qualified nurse applicants. Represents the organization at nursing job fairs. Responds to all types of inquiries regarding available nursing positions. Responsible for assisting in developing and implementing the nurse retention programs and the nurse recruitment media plan (e.g., job fairs, newspaper and trade journal advertising, Internet web sites).

B = Title/Desc. Change   D = Description Change   N = New Position   S = Single Incumbent   T = Title Change

Module 5 - Healthcare Provider Individual Contributors Position Descriptions
5858   Staffing Coordinator
Responsible for activities which ensure that the hospital is appropriately staffed at all times, including scheduling and sometimes recruiting.

5860   Computer Operator
Monitors and controls a computer by operating the central console or on-line terminals. May operate auxiliary equipment directly associated with the computer. May maintain records regarding output units and supply inventories. May assist in manipulating controls to rearrange sequence of job steps to continue operations when individual units of the system malfunction.

5865   Programmer/Analyst
Codes instructions relating to difficult tasks and procedures in minicomputer or mainframe installation. Performs wide range of application programming duties. May also formulate and define system scope and objectives through research and fact-finding to develop or modify information systems. Analyzes and revises existing system logic difficulties and documentation as necessary.

5870   Web Developer
Responsible for site design, creation, and maintenance. May also be responsible for all technical aspects of the hospital's web site, including performance issues (e.g., speed of access), and approving site content.

5875   Network Technician
Maintains, operates, and troubleshoots data communications and LAN equipment, including software configurations. Monitors and responds to technical control facility hardware and software problems utilizing hardware and software testing tools and techniques. May interface with vendor support service groups to ensure proper escalation during outages or periods of degraded system performance. Monitors and controls the performance and status of the network resources. May also plan and oversee equipment and wiring installations.

5880   Systems Analyst
Formulates and defines system scope and objectives based on user needs. Devises or modifies procedures to solve complex problems considering computer equipment capacity and limitations, operating time, and form of desired results. Prepares detailed specifications from which programs will be written. Analyzes and revises existing system logic difficulties and documentation as necessary. Competent to work at the highest technical level of all phases of applications systems analysis activities.

5885   Nursing Information Systems Coordinator
Provides leadership in the planning, development, implementation, and evaluation of clinical information systems in nursing and patient care services. Responsible for transformation of workflow as enabled by new systems, as well as modeling system functionality and usability to support workflow.

5890   Clinical/Nursing Information Systems Specialist
Leads the collection, analysis, and dissemination of data to enable Nursing staff to assess the environment and forecast trends, and leads research initiatives and collaborates with other researchers on department projects. Requires current RN license and a Master's degree in Nursing, preferably with a concentration in informatics.

5905   Groundskeeper
Maintains facility grounds and environment in a clean, attractive, orderly, safe, and healthy condition. Performs general grounds work that includes seeding, mowing, trimming, raking, and planting flowers, trees, and shrubs. Mixes and applies pest control material in accordance with local and federal regulations. Removes snow from pedestrian and vehicle areas. May perform minor maintenance on roads, curbs, sidewalks, and storm drains. May operate trucks and assorted power equipment. Typically reports to a Maintenance Supervisor.

5908   Laundry Supervisor
Supervises aspects of daily activities of the laundry department as well as performs a variety of laundry duties in order to ensure a clean, comfortable, sanitary environment in the facility. Typically has 1-3 years of supervisory experience.

5910   Housekeeper
Dusts, mops, and cleans items such as medicine cabinets, furniture, metals, mirrors, and equipment. Vacuums blinds, screens, and vents. Performs miscellaneous duties such as replenishing supplies. Sterilizes rooms after isolation.

5912   Housekeeping Supervisor
Oversees of all housekeeping related duties, insuring that all resident rooms and common areas are keep clean, schedules staff and orders and maintains supplies. Typically has 1-3 years of supervisory experience.

5915   General Maintenance Worker
Performs semi-skilled maintenance and repair services of facility systems such as mechanical, electrical, plumbing, and building systems. Emphasis is on performance of a variety of maintenance tasks rather than a high degree of skill in any particular trade. Typically reports to the Maintenance Supervisor.

Module 5 - Healthcare Provider Individual Contributors Position Descriptions
5917   Maintenance Supervisor
Supervises and schedules the daily activities of the maintenance staff. Ensures compliance with all state and local regulations. Typically has 1-3 years of supervisory experience.

5920   Painter
Performs skilled work in painting and redecorating furniture, equipment, and buildings.

5925   Plumber
Responsible for performing inspections and repairs on water, steam, gas, and drainage systems in the hospital. Repairs, tests, inspects, and installs plumbing and steam equipment in accordance with current codes and safety regulations.

5930   Carpenter
Performs skilled carpentry work in constructing, altering, repairing, and maintaining buildings and equipment.

5935   Electrician
Performs skilled electrical work in installing, altering, maintaining, and repairing electrical equipment and systems.

5940   HVAC Mechanic
Installs, troubleshoots, maintains, and replaces heating, ventilating, and air conditioning systems.

5945   Plant Operations Specialist
Operates and maintains stationary engines and mechanical equipment such as steam boilers, generators, steam turbines, air conditioners, distillers, water softeners, and other auxiliary equipment to provide utility services. Observes meters and gauges to determine operating conditions of equipment and to regulate flow of water, fuel, steam pressure, and oxygen in accordance with needs and safety standards. Inspects equipment for malfunctions. Makes adjustments or repairs to restore equipment to operating condition.

5950   Telecommunications Specialist
Diagnoses and resolves telecommunication network operating problems with technical assistance from vendors, common carriers, and technical IT management. Analyzes performance of telecommunications network and participates in topology design for new or modified systems.

5955   Biomedical Electronics Technician
Performs biomedical electronics duties, including constructing, testing, maintaining, troubleshooting, and repairing analog and/or digital electronic equipment or apparatus used in the patient care, life support, and clinical laboratory areas. Typically is certified as a Biomedical Equipment Technician (BMET).

5960   Security Guard
Protects building and grounds to prevent fire, theft, vandalism, and illegal entry. May respond to employee calls for assistance or to escort them to and from the parking lot or building. May be assigned to one post or may constantly tour the facility.

5970   Clinical Research Assistant
Performs assigned clerical and technical duties in a research or clinical lab setting.

5975   Clinical Research Technician - Associate
Assists in the execution and initial interpretation of basic experiments in the laboratory or with data pertaining to clinical research. According to established procedures, conducts standard tests involving various human and animal medical research. Requires Bachelor's degree and may require completion of Clinical Research Professional exam given by ACRP or SOCRA.

5980   Clinical Research Technician - Senior
Responsible for the design, execution and interpretation of a variety of experiments in the laboratory. Conducts and/or oversees difficult/complex lab testing involving various human and animal medical research. Develops methods and procedures to be used in research protocols and experiments. May provide input into the final report. Requires Master's degree and may require completion of Clinical Research Professional exam given by ACRP or SOCRA.

5985   Clinical Research Scientist
Independently interprets, organizes, executes, and coordinates research assignments. Formulates and conducts research on problems of considerable scope and complexity. Explores subject area and defines scope and selection of problems for investigation through conceptually related studies or series of projects of lesser scope. Makes decisions and recommendations that have a major impact on extensive scientific research activities. Exercises a high degree of creativity, foresight, and mature judgment in planning, organizing, and guiding extensive scientific research programs and activities of outstanding novelty and/or importance. Requires Doctorate degree (PhD) in a health care related field plus two years of clinical research experience.

5990   Clinical Research Nurse
Under limited supervision, plans, coordinates, evaluates and manages nursing care of participants and data for assigned research projects. Follows study specific protocol guidelines, communicates and interacts with investigators, hospital staff, sponsoring agencies and others to effectively perform clinical research and coordinate research activities. Requires RN license with three years clinical experience and may require completion of Clinical Research Professional exam given by ACRP or SOCRA.

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Position Incumbent Information

- Before completing the *Position Incumbent Information* tab, please take time to review the position descriptions.
- **Do not report average data for any position.**
- **Do not match the same incumbents to more than one survey position**, either within the same module or across multiple modules.
- Definitions of the variables and instructions for submitting data are provided below. **Note:** *Compensation data that you report should be current as of* **April 1, 2010**.

Facility ID - Enter the facility ID indicating the facility for which each incumbent is responsible, which corresponds to the Facility ID reported on the Participating Organization Summary.

Position Code - Enter the position code to identify each position being reported. Please refer to the position list provided on page 114 of this guide.

Incumbent Identifier - Submit a unique identifier specific to your organization for each incumbent reported. The number must be unique for each incumbent and preferably consistent from year to year. Using unique incumbent identifiers consistently from year to year better identifies trends. It may be alphanumeric up to nine characters. Please do not submit Social Security numbers or employee names. Do not include dashes or other formatting.

Position Tenure - Enter a "1" for Yes or "2" for No to indicate whether the incumbent was in this same position April 1, 2009
Your Organization's Position Title - Enter your organization's title for this position.

Reports To Position Title - Enter the title of the person to whom this position typically reports.

Your Organization's Position Code - For your reference and to facilitate imports/exports from your HRIS, enter your organization's position code for this position.

Number of Facilities for which Incumbent is Responsible - Enter the number of facilities for which each incumbent is responsible.

Zip Code of Incumbent's Workplace - Enter the five-digit zip code that corresponds to the incumbent's work location. Please ensure that codes beginning with "0" are reported as such.

Position Match - Identify how closely the responsibilities of your organization's position correspond to those of the position description. Use the position match code:
1 - Your position has less responsibility than the position description.
2 - Your position *closely* matches the responsibilities of the position description.
3 - Your position has *greater* responsibilities than the position description.

Annual Base Pay - Enter the annual base pay of the incumbent effective as of April 1, 2010. **Do not** report average pay. **Do not** include part-time incumbents or contracted staff from outside sources. Report the data in annual, whole dollars (e.g., $32,500).

Annual Range Minimum and Maximum - A traditional pay structure has a minimum, midpoint, and maximum with a range spread of approximately 50% - 100%. If a traditional pay structure is used to manage pay for this position, then enter the minimum and maximum of the range for this position. **Do not** enter Broadband range information.

Short-term Incentive (STI) Eligible - This refers to participation in an incentive plan with awards related to performance against selected criteria over a period of one year or less (e.g., an annual incentive plan or a project milestone bonus program).
1 - Yes
2 - No

Annual STI Threshold Percent (as Percent of Base) - Minimum incentive payout based on minimum performance requirements as a percent of base pay. **Note**: If your threshold is 5% please enter "5", not ".05".

Annual STI Target Percent (as Percent of Base) - If the position is eligible for a short-term incentive, enter the annual target percent as a percent of base pay based on the design elements of the plan. The target percent should reflect the payout if all goals for the year are met. If the target percent has changed from the prior year, enter the target percent that corresponds to the incentive amount to be reported for incumbents in the position. **Note:** If your target is 5% please enter "5", not ".05".

Annual STI Maximum Percent (as Percent of Base) - Indicate the maximum annual cash incentive, as a percent of base pay, for the position. **Note**: If your maximum is 5% please enter "5", not ".05".

Annual Short-term Incentive (STI) Amount - Enter the amount of incentive earned (but not necessarily paid out) in the most recently completed twelve-month incentive performance period. Exclude any non-performance-based incentives such as holiday bonuses, sign-on bonuses, retention bonuses, or mandatory deferred compensation payments. Profit sharing awards should be included in this category unless they are deferred for retirement benefit. If the incumbent was eligible for an incentive, but no incentive was given, enter "0." **Do not** report this information if the incumbent is not incentive eligible. Please see short-term incentive eligible for further definition. Report the incentive amount in annual whole dollars. If an incumbent receives a prorated amount please annualize. If it is not possible to provide an annual amount this field should be left blank. Short-term incentive amount should be at least $100 if annualized.

Position Incumbent Information

STI Status for Non-Receivers - Use the following codes to identify the STI amount status for each incumbent who is eligible for a payout and either a zero or a blank was reported:

1 - Performance Goals not achieved
2 - New employee
3 - Payout amount not available
4 - Plan design change
5 - Other

Long-term Incentive (LTI) Eligible - Enter a "1" for Yes or "2" for No to indicate whether this incumbent is eligible for a long-term incentive. This refers to an incentive plan in which awards are typically related to performance against selected criteria over a period of more than one year. **Note:** If yes, please be sure to provide data for long-term incentive plan types offered and awarded.

LTI Plan Types Offered - Indicate which long-term incentive plan(s) are offered to this incumbent. Please insert a comma, without spaces between numbers, if multiple plans are offered (e.g., 11,21,32). A description about each of the plans follows:

11 - Stock/Share Options
12 - Share Appreciation Rights (SARs)
21 - Stock/Share/Share Unit Awards
31 - Performance Units
32 - Long-term Cash

Stock/Share Options - Stock/Share Options allow for the purchase of stock at a fixed price over a specified period. The exercise price is typically equal to the market price on the date of grant, but may be less than or greater than the market price on the date of grant.

Share Appreciation Rights (SARs) - Share Appreciation Rights provide an incumbent with the appreciation in market value of the share. They may be paid out in cash, stock, or a combination of cash and stock. No investment on the part of the incumbent is required. Share Appreciation Rights include Phantom Appreciation Shares. Phantom Appreciation Shares are an award denominated in hypothetical shares, the value of which is based on an increase in actual share value or another measure of organization value (e.g., book value). There are three types of Share Appreciation Rights:

Freestanding - SAR grant that is not attached to a stock option.
Limited - SAR that is exercisable only upon the occurrence of a specific event such as a change of control.
Tandem - SAR that is granted with a stock option. The exercise of one cancels the other.

Stock/Share/Share Unit Awards - Conditional grants of notional, actual or phantom shares of stock with vesting contingent upon employment for a specified period of time or achievement of specified performance goals over a multi-year performance period. The value of each share depends upon the market value of the share at the end of the vesting period. Share Awards include those that are commonly referred to as Restricted Stock, Restricted Stock Units, Performance Shares, Performance Share Units, or Phantom Full Value Shares.

Performance Units - Conditional grant denominated in units other than notional or actual shares, with payment contingent upon achievement of specified performance goals over a multi-year performance period. Performance Units are cash-denominated and not tied to the price of a share of stock. Although units are usually dollar-denominated, their value may also be based on other constructs, such as dividends or EPS (Earnings Per Share). Where the value of each unit is equal to $1.00, the incentive type is also known as "Long-term Cash."

Long-term Cash - A predetermined cash amount paid out contingent upon achievement of specified performance goals over a multi-year performance period.

Module 6 - Assisted Living/Long-term Care Operations

Assisted Living

6105	Assisted Living Administrator
6110	Assistant Assisted Living Administrator

Long-term Care/Nursing Homes

6150	Multi-Facility/Regional Long-term Care/Nursing Home Operations Director
6155	Long-term Care/Nursing Home Administrator
6160	Assistant Long-term Care/Nursing Home Administrator

Home Health/Hospice

6300	Home Health Director
6305	Home Health Manager
6306	Home Health RN
6307	Home Health LPN/LVN
6308	Home Health Aide
6310	Hospice Director
6315	Hospice Manager
6316	Hospice RN
6320	Home Health and Hospice Director
6335	Home Health/Hospice RN Case Manager

Nursing Services

6450	Nursing Director
6455	Assistant Nursing Director
6494	Multi-Facility/Regional Clinical Reimbursement Coordinator
6495	MDS Coordinator
6505	Skilled Nursing/Extended Care Supervisor

Nursing Services

6510	Skilled Nursing/Extended Care Nurse Level II (RN)
6515	Skilled Nursing/Extended Care Nurse Level I (RN)
6520	Skilled Nursing/Extended Care LPN/LVN
6525	Skilled Nursing/Extended Care CNA

Resident Services

6325	Medical Director
6460	Case Management Coordinator
6465	Resident Care Coordinator
6470	Wellness Coordinator
6475	Social Services Coordinator
6480	Alzheimer's Care Director
6481	Alzheimer's Care Assistant
6484	Multi-Facility/Regional Activity/Recreation Director
6485	Activity/Recreation Director
6486	Activity/Recreation Aide
6488	Hair Stylist/Beautician
6490	Adult Day Care/Elder Care Director
6500	Multi-Facility/Regional Pharmacy Consultant

Rehabilitation Services

6400	Multi-Facility/Regional Rehabilitation Director
6405	Rehabilitation Manager
6410	Physical Therapy Manager
6420	Occupational Therapy Manager
6430	Speech-Language Pathology Manager

Dining/Food Services

6550	Multi Facility/Regional Dining/Food Services Director
6555	Dining/Food Services Manager
6560	Dining/Food Services Supervisor
6562	Server/Waitstaff
6565	Multi-Facility/Regional Dietitian

Environmental Services

6600	Multi-Facility/Regional Environmental Services Director
6605	Environmental Services Manager
6620	Multi-Facility/Regional Construction/Facilities Manager

Marketing/Sales

6650	Multi-Facility/Regional Sales/Marketing Director
6655	Sales/Marketing Director
6660	Sales/Marketing Coordinator
6670	Sales Training Manager

Financial

6700	Business Office Manager
6705	Credit and Collections Coordinator
6710	Bookkeeper/Accounting Clerk
6715	Reimbursement Accountant
6720	Billing Specialist
6725	Multi-Facility/Regional Compliance Director

Human Resources

6750	Multi-Facility/Regional Recruiter
6755	Multi-Facility/Regional Human Resources Director
6760	Human Resources Manager
6765	Staff Development Manager

Administrative

6800	Buyer/Purchasing Coordinator
6810	Multi-Facility/Regional Clinical Information Systems Manager
6815	Admissions Coordinator
6820	Medical Records Manager

Module 6 - Assisted Living/Long-term Care Operations

6105   Assisted Living Administrator
Responsible for the strategic development and program administration of an assisted living community. Responsibilities encompass all aspects of operations which may include marketing, census development, community relations, implementation of policies and procedures, budget adherence and regulatory compliance. Typically requires a state administrator license.

6110   Assistant Assisted Living Administrator
Responsible for the daily management of an assisted living community. Assists in establishing policies and procedures for the facility. Typically reports to the Assisted Living Administrator.

6150   Multi-Facility/Regional Long-term Care/Nursing Home Operations Director
Responsible for the overall operations of multiple long-term care facilities/nursing homes. Provides support services to facilities and oversees financial operations. Ensures compliance with all Federal and State regulations. Typically requires a state administrator license.

6155   Long-term Care/Nursing Home Administrator
Responsible for the strategic development and program administration of a long term care facility/nursing home. Responsibilities encompass all aspects of operations which may include marketing, census development, community relations, implementation of policies and procedures, budget adherence and regulatory compliance. Typically requires a state administrator license.

6160   Assistant Long-term Care/Nursing Home Administrator
Responsible for the daily management of a long-term care facility/nursing home. Assists in establishing policies and procedures for the facility. Typically reports to the Long-term Care/Nursing Home Administrator.

6300   Home Health Director
Responsible for the daily management of the home health group. Oversees coordination of schedules and work assignments to provide consistent, quality healthcare in the patient's home. Establishes policies and procedures for the home health group.

6305   Home Health Manager
Responsible for planning and directing the work of professional and support personnel who provide home health care to patients. Assists with the implementation of policies and procedures for the group. Typically reports to Home Health Director.

6306   Home Health RN
Assesses and provides skilled nursing care to home health patients. Requires RN license.

6307   Home Health LPN/LVN
Provides general nursing care to home health patients. Requires LPN or LVN license.

6308   Home Health Aide
Performs a variety of household management activities enabling clients to remain independent in their own homes. May perform light shopping and personal errands for client as well as meal planning and preparation.

6310   Hospice Director
Responsible for the daily management of the hospice group. Establishes policies and procedures for the hospice group. Oversees coordination of schedules and work assignments to provide quality palliative healthcare.

6315   Hospice Manager
Responsible for planning and directing the work of professional and support personnel who provide hospice care to patients. Assists with the implementation of policies and procedures for the group. Typically reports to Hospice Director.

6316   Hospice RN
Provides professional nursing care to terminally ill patients in their place of residence or in a hospice facility. Requires a RN license.

6320   Home Health and Hospice Director
Responsible for the daily management of the home health and hospice group. Establishes policies and procedures for the group. Oversees coordination of schedules and work assignments to provide quality healthcare.

6325   Medical Director
Responsible for the overall clinical care provided to residents/clients. Responsible for physician relations and ethics. Works with staff to provide consultation and direction for current patient care. Assists in resolving issues between staff and attending physicians. Requires a MD.

6335   Home Health/Hospice RN Case Manager
Assesses, plans, and coordinates care for a group of home health/hospice patients. Serves as liaison between the patient and physician to provide and document quality patient care according to established standards and practices. Requires RN license.

Module 6 - Assisted Living/Long-term Care Operations

6400   Multi-Facility/Regional Rehabilitation Director
Responsible for the direction, planning, and operation of the rehabilitation function for multiple facilities or a region, whether the facilities are part of an outpatient clinic, physician practice, or are a stand-alone facility. Develops and implements plans, policies, and procedures regarding staffing and purchasing.

6405   Rehabilitation Manager
Responsible for the daily management of the rehabilitation group for a facility. Assists in the establishment of policies and procedures for the rehabilitation group.

6410   Physical Therapy Manager
Coordinates physical therapy services by assigning therapists and monitoring patient progress. Provides clinical leadership to and directly supervises physical therapy staff. Typically reports to the Multi-Facility/Regional Rehabilitation Director.

6420   Occupational Therapy Manager
Coordinates occupational therapy services by assigning therapists and monitoring patient progress. Provides clinical leadership to and directly supervises occupational therapy staff. Typically reports to the Multi-Facility/Regional Rehabilitation Director.

6430   Speech-Language Pathology Manager
Coordinates speech-language pathology services by assigning therapists and monitoring patient progress. Provides clinical leadership to and directly supervises the speech-language pathology staff. Typically reports to the Multi-Facility/Regional Rehabilitation Director.

6450   Nursing Director
Responsible for the overall operations of the nursing care in an assisted living/long-term care/nursing home facility. Responsible for developing and administering departmental policies and procedures.

6455   Assistant Nursing Director
Responsible for the daily management of the nursing care in an assisted living/long-term care/nursing home facility. Assists in establishing policies and procedures for the facility. Reports to Nursing Director.

6460   Case Management Coordinator
Responsible for the daily management of the case management function, which typically is responsible for utilization review, coordination of patient services, and discharge planning. Assist in developing guidelines for working with insurers, managed care organizations, referral providers, patients, and families.

6465   Resident Care Coordinator
Responsible for the coordination, development, implementation, and evaluation of resident care and clinical practice to ensure a high standard of care is delivered. As a clinical resource and leader for the care team, provides guidance, supervision, and intervention in the delivery of resident care and the care planning process in accordance with all regulations and company policies.

6470   Wellness Coordinator
Responsible for planning, organizing, and leading wellness, health and fitness programs. Develops and monitors budgets for these programs.

6475   Social Services Coordinator
Plans and directs the work of professional and support personnel who provide social services to patients. Responsible for developing and administering departmental policies and procedures. Actively participates in interdisciplinary Care Plan meetings. Assists the resident and resident's family in discharge and placement planning.

6480   Alzheimer's Care Director
Responsible for developing programs and coordinating services for residents with Alzheimer's disease or dementia.

6481   Alzheimer's Care Assistant
Responsible for providing assistance with Alzheimer's program. May offer assistance with the daily activities of Alzheimer residents while minimizing behavioral and social problems.

6484   Multi-Facility/Regional Activity/Recreation Director
Responsible for overall coordination of activity programs for multiple assisted living/long-term care/nursing home facilities. Develops diversified levels of interaction to meet the therapeutic, physical, and social needs of all residents. Develops and implements plans, policies, and procedures regarding staffing and purchasing.

6485   Activity/Recreation Director
Develops, implements, and evaluates therapeutic recreational activities for residents of an assisted living/long-term care/nursing home facility. Develops appropriate levels of activities that offer entertainment, educational opportunities, and religious expression and that provide social interaction and mental and physical stimulation. May also manage the facility's volunteer program.

Module 6 - Assisted Living/Long-term Care Operations

6486   Activity/Recreation Aide
Assists in planning, scheduling and leading activities, exercises, special events and games for residents of an assisted living/long-term care/nursing home facility.

6488   Hair Stylist/Beautician
Provides hair care and cosmetology services to residents of an assisted living/long-term care/nursing home facility including shampooing, cutting, coloring, and styling of hair. May assist residents and guests in the selection of additional retail products or services. Requires current state license.

6490   Adult Day Care/Elder Care Director
Responsible for programs/activities for elderly individuals who do not live in an assisted living/long-term care/nursing home facility. Coordinates the identification of health, health education, and psychosocial needs of older individuals in the community. Develops programs, projects, and activities based on assessed needs.

6494   Multi-Facility/Regional Clinical Reimbursement Coordinator
Responsible for performing audits of MDS assessments and other documentation in multiple facilities. Provides training and advice to facilities to remain in compliance with federal and state regulations regarding state and Medicare payment systems. Typically requires RN license.

6495   MDS Coordinator
Responsible for coordinating the development, completion, and transmission of the resident assessment in accordance with regulatory requirements. Assesses every resident in facility annually using the MDS (Minimum Data Set) with quarterly reviews. Typically requires RN license.

6500   Multi-Facility/Regional Pharmacy Consultant
Provides consultation to multiple facilities regarding pharmacy operations. Responsible for assessing facilities' compliance with physicians' orders, JCAHO standards, Federal, State, and local laws and regulations, and company policies. Requires RPh license.

6505   Skilled Nursing/Extended Care Supervisor
Coordinates and supervises general nursing care provided to residents in a skilled nursing/extended care facility. Follows established facility policies and procedures. Requires LPN/LVN or RN license.

6510   Skilled Nursing/Extended Care Nurse Level II (RN)
Provides professional nursing care to residents in a skilled nursing/extended care facility. Typically has three or more years of professional nursing experience. Requires RN license.

6515   Skilled Nursing/Extended Care Nurse Level I (RN)
Provides professional nursing care to residents in a skilled nursing/extended care facility. Typically has less than three years of professional nursing experience. Requires RN license.

6520   Skilled Nursing/Extended Care LPN/LVN
Provides general nursing care to residents in a skilled nursing/extended care facility. Requires LPN or LVN license.

6525   Skilled Nursing/Extended Care CNA
Assists licensed nursing personnel in providing resident care in a skilled nursing/extended care facility. Requires CNA license.

6550   Multi Facility/Regional Dining/Food Services Director
Responsible for the management of dietary services in multiple facilities. Establishes and administers departmental policies, procedures, and budgets. Ensures that the facilities are in compliance with all current federal, state, and local regulations.

6555   Dining/Food Services Manager
Responsible for the daily management of dietary/food services in an assisted living/long-term care/nursing home facility. Assists in establishing policies and procedures for the facility.

6560   Dining/Food Services Supervisor
Responsible for overseeing and scheduling the dining/food service support personnel. Typically has 1-3 years of supervisory experience. Reports to Dining/Food Services Manager.

6562   Server/Waitstaff
Responsible for serving food and beverages to residents of an assisted living/long-term care/nursing home facility. Ensures tables are ready for guests before and after meals.

6565   Multi-Facility/Regional Dietitian
Provides consultation to multiple facilities in providing quality and cost effective food service and medical nutrition therapy. Responsible for assessing facilities' compliance with all current federal, state, and local regulations and with company policy. Requires a degree in dietetics/food and nutrition and must maintain membership in the American Dietetics Association.

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6600   Multi-Facility/Regional Environmental Services Director
Responsible for the management of environmental services in multiple facilities. Establishes and administers departmental policies, procedures, and budgets.

6605   Environmental Services Manager
Responsible for directing the overall operation of environmental services which typically includes maintaining the grounds, building, and equipment, the laundry program, and housekeeping. Assists in developing and administers departmental policies, procedures, and budgets.

6620   Multi-Facility/Regional Construction/Facilities Manager
Responsible for the management of construction activities at new and existing facilities. Formulates plans to anticipate needed space and facility requirements. Assists with acquisition selection and new site identification.

6650   Multi-Facility/Regional Sales/Marketing Director
Responsible for directing all sales and marketing efforts for multiple sites in order to achieve occupancy and revenue goals for facilities. Formulates and implements marketing plans and strategies. Typically requires 3 to 5 years sales and marketing experience in the healthcare industry.

6655   Sales/Marketing Director
Responsible for the planning and execution of all marketing efforts including public relations, marketing, and sales to ensure full occupancy of the facility. Provides administration with summaries and recommendations from market research evaluations. May coordinate the production and placement of advertisements.

6660   Sales/Marketing Coordinator
Responsible for meeting growth goals for the facility through direct contact with the general public. Prepares a development plan, conducts calls and presentations to potential referral sources, and initiates and coordinates contract negotiations with other facilities, insurance companies and hospitals. Typically reports to the Sales/Marketing Director or the Multi-Facility/Regional Sales/Marketing Director.

6670   Sales Training Manager
Responsible for developing, coordinating, and conducting sales training programs. Determines specific training needs and develops training programs to meet organization's sales goals. Typically requires 3 to 5 years sales training experience in the healthcare industry.

6700   Business Office Manager
Responsible for the daily activities of the business office which can include accounts receivable, preparation of insurance claims, Medicare/Medicaid billing, third party payer billing, admitting, medical records, and payroll.

6705   Credit and Collections Coordinator
Responsible for the coordination of patient billing which may include evaluation of credit history, determination of payment dates and amounts, collection of delinquent accounts, and maintenance of account records with payments, rebates, and reversals. May also be responsible for reviewing and resolving third party payer issues. Typically reports to Business Office Manager.

6710   Bookkeeper/Accounting Clerk
Responsible for financial bookkeeping, cash control, funds disbursement, accounts receivable, and accounts payable. Follows all regulatory requirements for financial records for a licensed facility. Typically reports to Business Office Manager.

6715   Reimbursement Accountant
Responsible for the preparation of Medicare cost reports. Provides information needed for Medicare appeals and audits. Reviews adjustments and verifies reimbursement impact. May supervise departmental support staff. Requires a Bachelor's degree.

6720   Billing Specialist
Responsible for processing and maintaining clinical and billing information. Generates and follows up on claims for at least one of the following: Medicare, Medicaid, or insurance.

6725   Multi-Facility/Regional Compliance Director
Provides consultation, training, analysis, and advice to assigned facilities. Performs standardized facility visits to ensure compliance with federal and state regulations and the organization's policy and procedures. Monitors, consults, and makes effective recommendations for modifications to existing facility processes, policies and practices. Develops action plans and assists facility management in overseeing implementation of recommendations.

6750   Multi-Facility/Regional Recruiter
Responsible for developing marketing strategies for multiple facilities to attract quality employment candidates. Develops ongoing strategic staffing and development plans, which includes compensation recommendations, succession planning, workflow, and process improvement.

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6755   Multi-Facility/Regional Human Resources Director

Responsible for the management of human resource programs (e.g., employee relations, compensation and benefits, and training) for multiple facilities or region. Establishes policies and procedures to ensure compliance with all governmental regulations.

6760   Human Resources Manager

Responsible for the administration of the human resource function for a facility, which may includes payroll, training, compensation and benefits, employee relations, and HRIS. Oversees and schedules department staff. Typically reports to the Multi-Facility/Regional Human Resources Director.

6765   Staff Development Manager

Responsible for ensuring that all staff receive the appropriate training and continuing education necessary to perform their job and remain in compliance with federal and state requirements. Typically requires a RN license.

6800   Buyer/Purchasing Coordinator

Responsible for coordinating the procurement of all supplies and equipment for multiple facilities. Examines supply and equipment requests, and orders supplies and equipment while abiding by established purchasing procedures. May negotiate with vendors to achieve the most competitive pricing.

6810   Multi-Facility/Regional Clinical Information Systems Manager

Responsible for directing the execution of strategies and procedures related to the use of technology in a clinical setting at multiple facilities. Assists in the decision making of software design and vendor negotiations. Conducts research and analysis of clinical data related to performance, quality improvement, and performance management.

6815   Admissions Coordinator

Responsible for coordinating with patients and their families to ensure that all admission requirements to the facility are met. Acts as a liaison to managed care companies, facilitating admissions, and hospital returns.

6820   Medical Records Manager

Responsible for the maintenance of patient's permanent medical records which includes coding and abstracting diagnoses, treatments, and other information from patient records. Ensures that the facility's medical records are maintained in compliance with all accreditation and governmental regulatory agencies.