



MEDICAL BILLING SUPERVISOR

REPORTS TO: Chief Financial Officer
FLSA CATEGORY: Exempt/Salaried
EEO CATEGORY: Management with Full Benefits

POSITION DESCRIPTION

Position responsible for directing and coordinating the overall functions of the medical billing and coding office to ensure maximization of cash flow while improving patient, physician, and other customer relations. Requires strong managerial, leadership, and business office skills, including critical thinking and the ability to produce and present detailed billing activity reports.

ESSENTIAL FUNCTIONS

1. Oversees the operations of the billing department, encompassing medical coding, charge entry, claims submissions, payment posting, accounts receivable follow-up, collections, and reimbursement management.
2. Serves as the practice expert and go to person for all coding and billing processes.
3. Plans and directs patient insurance documentation, workload coding, billing and collections, and data processing to ensure accurate billing and efficient account collection.
4. Analyze billing and claims for accuracy and completeness. Submit claims to proper insurance entities and follow up on any issues.
5. Follow up on claims using various systems.
6. Maintains contacts with other departments to obtain and analyze additional patient information to document and process billings.
7. Prepares and analyzes accounts receivable reports, weekly and monthly financial reports, and insurance contracts in concert with the Practice Administrator. Collects and compiles accurate statistical reports.

8. Audits current procedures to monitor and improve efficiency of billing and collections operations.
9. Ensures that the activities of the billing operations are conducted in a manner that is consistent with overall department protocol, and are in compliance with Federal, State, and payer regulations, guidelines, and requirements.
10. Participates in the development and implementation of operating policies and procedures.
11. Reviews and interprets operational data to assess need for procedural revisions and enhancements. Participates in the design and implementation of specific systems to enhance revenue and operating efficiency.
12. Analyzes trends impacting charges, coding, collection, and accounts receivable and take appropriate action to revise policies and procedures.
13. Keep up to date with carrier rule changes and distribute the information within the practice.
14. Understands and remains updated with current coding and billing regulations and compliance requirements.
15. Maintains as working knowledge of all health information management issues such as HIPAA and all health regulations.
16. Maintains library of information/tools related to documentation guidelines and coding.
17. Supervises billing office personnel, which includes work allocation, training, and problem resolution; evaluates performance and makes recommendations for personnel actions; motivates employees to achieve peak productivity and performance.
18. Provides, oversees, and/or coordinates the provision of training for new and existing billing staff on applicable operating policies, protocols, systems and procedures, standards, and techniques.
19. Coordinates team member time off in a manner that does not negatively impact necessary daily functions.
20. Keeps supervisor apprised of overall business operations, changes in billing requirements, and deviations in normal business processes.

Education: Associates degree in business administration or related field, preferred.

Certified coder is required.

Knowledge, Skills, and Abilities: Thorough understanding of medical billing, collections and payment posting, revenue cycle, third party payers, Medicare; strong knowledge of Wyoming and Federal payer regulations.

Working knowledge of CPT and ICD10 codes, HCFA 1500, UBO4 claim forms, HIPAA, billing and insurance regulations, medical terminology, insurance benefits and appeal processes.

Knowledge of business management and basic accounting principles to direct the billing and coding office.

Experience: Minimum of five (5) years Medical Insurance/Healthcare Billing and Collections experience in a medical practice or health system, with a deep understanding of medical billing rules and regulations.

Two (2) years supervisory or management experience preferred.

A combination of education and experience will be considered.

Prior experience with an electronic medical record system required.