



Position Title	Medical Billing Manager
Department	Billing/Coding Operations
Supervisor	Practice Administrator
Supervisory Responsibilities	Daily supervision over three Medical Billing/Coding staff members.
FLSA Status	Exempt. Salaried management position.
General Summary	Management 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 Job Responsibilities	<ol style="list-style-type: none">1. Oversees the operations of the billing department, encompassing medical coding, charge entry, claims submissions, payment posting, accounts receivable follow-up, 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 realign staff and revise policies and procedures.13. Keep up to date with carrier rule changes and distribute the information within the practice.

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14. Performs physician credentialing actions.
 15. Understands and remains updated with current coding and billing regulations and compliance requirements.
 16. Maintains a working knowledge of all health information management issues such as HIPAA and all health regulations.
 17. Maintains library of information/tools related to documentation guidelines and coding.
 18. 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.
 19. 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.
 20. Coordinates team member time off in a manner that does not negatively impact necessary daily functions.
 21. Performs other miscellaneous job-related duties as assigned.
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Education

- Associates degree, preferably in business administration or related field.
 - Bachelor's Degree preferred.
 - Certified coder is a plus.
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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.
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Other Requirements

- Prior experience with an electronic medical record system required.
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Knowledge

- Thorough understanding of medical billing, collections and payment posting, revenue cycle, third party payers, Medicare; strong knowledge of Virginia and Federal payer regulations.
 - Working knowledge of CPT and ICD9 codes, HCFA 1500, UB04 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.
 - Sufficient knowledge of policies and procedures to accurately answer questions from internal and external customers.
 - Possess excellent negotiation skills, including the tact required for securing payment or discussing patient's finances, and enjoy working in a health care setting.
 - Up to date with health information technologies and applications.
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Skills

- Skill in establishing and maintaining effective working relationships with other employees, patients, organizations, and the public.
 - Skill in developing, implementing, and administering work processes.
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	<ul style="list-style-type: none"> - Detail oriented and tolerant of frequent interruptions and distractions from patients and staff. - Effectively communicate with physicians, patients, insurers, colleagues and staff. - Proficient in Microsoft Office, including Outlook, Word, and Excel.
Abilities	<ul style="list-style-type: none"> - Ability to work under minimum supervision and demonstrate strong initiative. - Ability to supervise and train employees, to include organizing, prioritizing and scheduling work assignments to meet practice timelines. - Ability to deal in an organized manner with problems involving multiple variables within the scope of the position. - Ability to make independent decisions when circumstances warrant; make prompt and accurate judgments regarding AR, billing and other office duties. - Ability to recognize, evaluate, solve problems, and correct errors, and to develop processes that eliminate redundancy. - Ability to conceptualize work flow, develop plans, and implement appropriate actions. - Ability to communicate effectively in writing, over the telephone, and in person.
Equipment Operated	Standard office equipment including computers, fax machines, copiers, printers, telephones, etc.
Work Environment	Position is in a well-lighted office environment. Occasional evening and weekend work may be required.
Mental/Physical Requirements	Daily activity is 80 percent sitting and 20 percent walking or standing.

Keywords:

Coding Manager, Coding Supervisor, Billing Manager, Billing Supervisor, Medical Coding, Medical Coder, Healthcare Management, revenue cycle, healthcare auditing, healthcare reimbursements

BILLING/CODING OFFICE RECURRING TASKS AND PROJECTS	
Task	Due
Billing Office Inquires (In Office and by Phone)	Daily
Check/Fix Electronic Claim Submissions Rejections	Daily
Daily Posting Validation	Daily
Load New/Updated Patient Insurance Information	Daily
Obtain Pre-Authorizations for Tests and Procedures	Daily
Post Hospital Visits, Tests, and Procedures	Daily
Post Insurance Payments (Electronic)	Daily
Post Insurance Payments (Mail)	Daily
Post Office Visits and Tests	Daily
Post Patient Payments (Mail)	Daily
Post Patient Payments (Office, incl. collections)	Daily
Process e-MDs Taskman Tasks	Daily
Review and Process Billing Office Mail	Daily
Submit Daily Electronic Deposit (Check Scanner)	Daily
Submit Till Reconciliation Reports to Bookkeeping	Daily
Upload and Transmit Claims to Gateway	Daily
Work Insurance Denials	Daily
Build and Submit Monitor Reading Charges	QOD
Create Insurance Aging Report	Weekly
Export Billing Statements to EDI Vendor	Weekly
Process Insurance Refunds	Weekly
Process Patient Refunds	Weekly
Verify Successful Billing Statement Export	Weekly
Work Insurance Aging Report	Weekly
Create ACT Monitor Hook-up Invoice and submit to vendor	Monthly
Create Phase II Delinquent Accounts Lists by Physician	Monthly
Create Pre-Collections Work List to Annotate "HOLD" Accounts	Monthly
Distribute Phase II Delinquent Accounts Lists to Physicians	Monthly
Load Patient Accounts for Phase II Formal Collection Action	Monthly
Notify Practice Administrator when Pre-Collections "HOLD" Work List Complete	Monthly
Post Collections Payments	Monthly
Post Electronic MJH Monthly Payment	Monthly
Post Collection Payments	Monthly
Receive Phase II Delinquent Accounts Lists from All Physicians	Monthly
Upload Patient Accounts File for Phase I Pre-Collections action	Monthly
Work Pre-Collections Work List to Annotate "HOLD" Accounts	Monthly
ICD-10 Implementation Project	PRN
Manage Physician Licensure and Credentialing	PRN
Manage Practice Fee Schedule	PRN
Meaningful Use Project Tiger Team	PRN
PQRS Project Management	PRN
Print Secondary Insurance HCFA Forms	PRN
Receive & Review Patient Financial Hardship Applications; Forward to Prac Admin	PRN
Review Patient Financial Hardship Applications (Approve/Disapprove/Pending)	PRN
Send Financial Hardship Determination Responses; Update Patient Accounts	PRN