



JOB DESCRIPTION

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| JOB TITLE: | Medical Billing Supervisor |
| EXEMPT: | Yes |
| REPORTS TO: | Operations Manager & Practice Administrator |

JOB SUMMARY: The Medical Billing Manager is a full-time position responsible for overseeing the billing coding staff and making day-to-day decisions; responsible for understanding and coding all procedures within regulatory mandates; assists with following up on insurance claims, and submit appeals as needed. This position is responsible for directing and coordinating the overall functions of the billing and coding office to ensure maximization of cash flow while improving patient, physician, and other customer relations. The Medical Billing Manager position requires the ability to produce and present detailed billing activity reports.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following as well as other duties and responsibilities that may be assigned:

- Oversees the operations of the billing department, encompassing medical coding, charge entry, claims submissions, payment posting, accounts receivable follow-up, and reimbursement management
- Serves as the practice expert and go to person for all coding and billing processes
- Plans and directs patient insurance documentation, workload coding, billing and collections, and data processing to ensure accurate billing and efficient account collection
- Analyze billing and claims for accuracy and completeness; submit claims to proper insurance entities and follow up on any issues
- Follow up on claims using various systems, i.e. practice management and clearinghouse
- Maintains contacts with other departments to obtain and analyze additional patient information to document and process billings
- Prepares and analyzes accounts receivable reports, and weekly and monthly financial reports in concert with the Practice Administrator and Operations Manager. Collects and compiles accurate statistical reports
- Audits current procedures to monitor and improve efficiency of billing and collections operations
- 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
- Participates in the development and implementation of operating policies and procedures
- 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
- Analyzes trends impacting charges, coding, collection, and accounts receivable and take appropriate action to realign staff and revise policies and procedures with the approval of Operations Manager and/or Practice Administrator.
- Keep up to date with carrier rule changes and distribute the information within the practice
- Performs physician credentialing actions

- Understands and remains updated with current coding and billing regulations and compliance requirements
- Maintains library of information/tools related to documentation guidelines and coding
- Supervises billing office personnel, which includes work allocation, training, and being available for staff needs; motivates employees to achieve peak productivity and performance
- 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
- Coordinates team member time off in a manner that does not negatively impact necessary daily functions.
- Other duties as assigned by the Operations Manager and/or Practice Administrator

GENERAL RESPONSIBILITIES:

- Performs all duties and responsibilities in an efficient, team-oriented manner.
- **Accountable for being knowledgeable and understanding of all aspects of the billing and coding staff duties to include:**
 - Entering patient demographics and insurance information
 - Verifying patient eligibility and benefits for upfront collection on unmet deductibles and co-insurance
 - Responsible for reviewing operative reports within three business days of procedure/surgery
 - Enter charges accurately according to insurance payers/contracts
 - Submitting clean claims by attaching necessary documentation for payment
 - Follow-up on electronic claims and paper claims
 - Posting insurance payments to patient accounts
 - Submit all secondary claims when necessary
 - Refund money owed to patient or insurances
- Conducts self in a manner that reflects a positive representation of the company, and encourages others to do the same.
- Observes strict patient confidentiality in dealing with patients.

EDUCATION and/or EXPERIENCE:

- Associates degree, preferably in business administration or related field; Bachelor degree preferred. 7+ years of medical insurance/healthcare revenue cycle experience will be considered in lieu of the degree.
- Medical coding certification
- Minimum of 3 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. Orthopedic preferred.
- Two years supervisory or management experience preferred