CHRIST COMMUNITY HEALTH

To proclaim Jesus Christ as Lord and to demonstrate His love by providing affordable, quality primary healthcare to the underserved.

Job Title: Revenue Cycle Manager Supervisor's Title: Director of Finance Department: Billing/Patient Accounts	FLSA Status: Exempt Pay Type: Salaried Revised: 6/27/2019

General Summary:

The Revenue Cycle Manager oversees and assists with day-to-day revenue cycle operations, including coding, billing, and collections activities associated with the provision of adult and pediatric medical and behavioral health care services. The Revenue Cycle Manager will also lead certain key health information management (HIM) efforts and manage the overall effectiveness and efficiency of the practice management platform within the electronic health records (EHR) system. The Revenue Cycle Manager will work under the direction of the Director of Finance and in close collaboration with the Patient Services Manager, among other key staff members, with the goal of maximizing patient service revenue in the context of effective community development.

Major Areas of Responsibility:

Coding, Billing & Collections

- Reviews provider documentation to ensure coding is supported, and provides timely and relevant feedback and training;
- Ensures that claims, denials, and appeals are processed in a timely and accurate manner, consistent with all legal and contractual requirements and industry best practices;
- Provides guidance and feedback to junior billers/coders that promotes compliance with coding rules and guidelines;
- Conducts internal audits of charges and balances, and corresponding documentation;
- Champions continual revenue cycle improvements driven by trend and data analysis through educated and winsome collaboration with a variety of stakeholders;
- Collaborates closely with Patient Services Manager to manage point-of-service collections and patient balances, to ensure the capture of demographic/insurance information, and to assess patient eligibility for Medicaid or other coverage/discounts;
- Collaborates closely with Accounting team to contribute to cash reconciliation activities and to assist in the assessment of accounts receivable collectability and valuation, including the writing off of bad debts;
- Collaborates closely with Referrals Manager to assist with understanding of insurance coverage, prior authorizations, patient financial assistance programs, etc.
- Promotes patient understanding of explanations of benefits (EOB) and related concepts in person and on the phone;
- Provides regular reporting to Director of Finance and other relevant stakeholders, as well as key contributions to other regular reporting required by various internal, government and other third parties;
- Engages in other duties, as assigned, in support of overall coding, billing & collections functions.

Health Information Management (HIM) & Electronic Health Records (EHR)

- Advises on contractual and network participation matters with third-party payors;
- Maintains and organizes third-party payor contracts, policy manuals, and other related documentation.
- Contributes as necessary to the credentialing and enrollment process to ensure that provider participation with payors is accurate and completed without delay;
- Troubleshoots, designs, tests, and executes necessary changes and enhancements to EHR setup, function, and workflows;
- Supports Director of Finance and other stakeholders to drive process improvement initiatives and policy/procedure updates, as needed.
- Engages in other duties, as assigned, in support of overall HIM and EHR functions.

Required Knowledge, Skills and Abilities:

- Eager and able to embody the mission and vision of CCHSA;
- Able and willing to demonstrate love, compassion, and genuine care when interacting with others;
- Very high attention to detail and a desire for continual learning and improvement;
- Tenacious critical thinking and problem solving skills;
- Exceptional interpersonal communication skills that allow for regular and effective communication of sensitive and confidential information with a variety of people, including patients, visitors, providers, and senior management;
- Advanced knowledge of medical and insurance terminology and payment collection practices;

- Extensive knowledge of medical coding rules and guidelines, including intimate familiarity with CPT and ICD-10. Experience with HCPCS Level II is preferred.
- Strong overall computer skills, including basic-to-intermediate experience with Microsoft Excel and meaningful experience working within an EHR platform;
- Able to organize, direct, prioritize, and delegate work appropriately.

Education and Experience:

- A high school diploma or equivalent is required. A college degree in a relevant field is preferred.
- At least eight (8) years of billing & coding experience in a primary medical care setting, with at least three (3) years of supervisory experience and at least two (2) years of demonstrated success contributing to practice management system support and setup is required.
- Recent experience working with eClinicalWorks is highly preferred.
- Experience within the framework of a federally qualified health center (FQHC) and/or with behavioral health billing & coding is preferred. Experience with the physician credentialing and enrollment process is also preferred.
- Must be a Certified Professional Coder (CPC). Certified Outpatient Coder (COC) or similar certification is desired.

Physical Requirements and Working Conditions:

The position require ability to talk or hear, frequently stand; walk; use hands to finger, handle or feel; and reach with hands and arms. This position requires the ability to occasionally lift office products and supplies, up to 20 pounds. It has normal office working conditions with the absence of disagreeable elements.