

Winslow Indian Health Care Center

Job Vacancy Announcement #WDH-20-11

Closing Date: Open until filled



POSITION TITLE: Revenue Cycle Manager

DEPARTMENT: Business Office

Position Summary:

Under general supervision of the Chief Finance Officer, this position is responsible for directing and coordinating the overall functions of the medical billing, coding, and patient access staff to ensure maximization of cash flow while improving patient, physician, and other customer relations. Requires strong managerial, leadership, and business skills including the ability to produce and present detailed billing activity reports. Must have thorough understanding of billing and revenue cycle. Ensures staff compliance with all applicable policies, procedures, CMS compliance and analyze billing and claims for accuracy and completeness and submit claims to proper insurance entities and follow up on any issues in meeting the goals established for Third Party Revenue. Keep up-to-date of national and statewide changes with Medicare, Medicaid (AHCCCS), Private Insurance based on Affordable Care Act and Indian Health Care Improvement Act. Responsible to seek and obtain information to implement, develop or make changes to existing Business Office Policies and Procedures. Uphold the principles of WIHCC's Vision, Mission, and Value Statements. Maintains confidentiality of all privileged information at all times.

This list of duties and responsibilities is illustrative only of the tasks performed by this position and is not all-inclusive.

Essential Duties & Responsibilities:

- Maintains regular attendance and punctuality.
- Improves staff effectiveness by motivating, coaching, counseling, training and recommending disciplinary action for employees; planning, delegating, monitoring, appraising job tasks and results in a timely manner, and approving time sheets.
- Oversees the supervision of personnel, which includes work allocation, schedules, time approval, hiring, training, orientation, and problem resolution; evaluates performance and makes recommendations for personnel actions; motivates employees to achieve peak productivity and performance.
- Develops measurable performance expectations for assigned staff according to department goals and objectives.
- Exercises overall supervisory responsibility for the planning, development, organizations, implementation, and evaluation of the Business Office staff progress and problem areas.
- Establishes and maintains business office operating policies and procedures for the department.
- Participates actively with strategic planning to establish and implement program goals and measureable objectives with timeline for the Business Office to maximize Third party collections.
- Ensures and implements the provisions of various agency programs such as merit promotion, awards, career development plans, performance appraisals to achieve equitable treatment of employees and success of the program mission.
- Ensures activities comply with WIHCC standards and government regulations.
- Prepares an annual departmental budget including budgetary data on future needs (i.e., cost of equipment, supplies and services) as it pertains to business management functions and ensures that operating expenses are well within the prescribed limits of budget plans and fiscal guidelines
- Compiles and reports value-added statistical information on a recurring basis. Reports will include all areas of the revenue cycle, i.e. total monthly billed amounts, adjustments, amount of collections from All Third Party Payors along with reporting trends of denials and recoupments.
- Monitors effectiveness of collection efforts and maintains insurance billings are current within the established time frames.
- Monitors timeliness and effectiveness of department activities, ensuring that outstanding patient accounts and accounts receivables is no more than the agreed upon limit and that bad debt is within budgeted target. Performs AR aging reconciliation and review.
- Reports and records any activities that impact WIHCC billing and collection abilities immediately such as fee schedule updates, adjustments/write-offs, MIS/OIT assistance to maintain consistency in billing, etc.

- Develops and implements, on a quarterly basis, Quality Improvement/Assurance (QI or QA) processes for the Business Office. Determines the impact of quality assurance reviews implementing change in processes as needed to ensure proficiency and productivity in Business Office operations.
- Ensures understanding of rules, regulations and compliance guidelines required by regulatory agencies such as Centers for Medicare and Medicaid Services (CMS), Office Inspector General (OIG) Plan, AHCCCS, etc.
- Understands the roles of the activities as it relates to compliance issues such as Charge Master, cost reports to identify and analyze areas of coding, billing and reimbursements.
- Participates in all department/head meetings that are held on a monthly basis.
- Collaborates with colleagues to provide essential documentation; i.e. Explanation of Benefits, Denials, Recoupments, etc., ensuring that these are completed in a timely manner.
- Collaborates with MIS/IT to update and review RPMS location codes, Table Maintenance, ICD-10, HCPCS, CPT's, ADA and AMA in the Billing System.
- Provides technical advice on programmatic matters related to revenue, unexplored areas of service, which have not been explored for reimbursements.
- Applies professional knowledge and education to understand the interrelationships between medical services rendered, utilization review, and collections from alternate resources.
- Upholds all principles of confidentiality and patient care to the fullest extent.
- Adheres to all professional and ethical behavior standards of the healthcare industry.
- Adheres to WIHCCs Personnel Policies and Procedures, departmental policies, rules, regulations and applicable AAHC Standards.
- Interacts in an honest, trustworthy and dependable manner with patients, employees, visitors, and vendors.
- Possesses cultural awareness and sensitivity.
- Maintains compliance with all Human Resources requirements.
- Performs other duties as assigned.

Minimum Qualifications:

Associates Degree in Business, Healthcare Administration or related field, or 60 college credit hours equivalent and minimum of five years medical billing experience using Indian Health Services methods required. Must have Medicare, Medicaid, co-insurance, and private billing experience with knowledge of current trends. Minimum of two years in a supervisory role required. Bachelor's Degree preferred. Certified Professional Coder preferred. Experience with EHR and RPMS preferred. Bilingual skills in English and Navajo language preferred. Must maintain a valid unrestricted and insurable driver's license. Must successfully pass a background investigation and maintain suitable requirements for a Child Care position. This position is considered as a Child Care position, which requires a satisfactory background check investigation and is subject to the requirements of the Indian Child Protection and Family Violence Prevention Act, as amended (henceforth referred as the ICPFVP Act).

Knowledge, Skills, Ability:

- Knowledge and understanding of medical terminology and anatomy, encountered in daily routine of abstracting coding data from a variety of medical and financial forms and sources.
- Knowledge, skill and understanding of the American Medical Association (AMA) developed CPT coding system in order to acquire, interpret, and resolve problems based on information derived from system monitoring reports to be carried over to the required billing forms.
- Knowledge, skill and understanding of the concepts of the Coding System, International Classification of Diseases, Ninth Revision, Clinical Modification ICD-10-CM.
- Knowledge, skill and understanding of Healthcare Common Procedure Coding System (HCPCS) Level II, American Dental Association (ADA) Codes, and Revenue Codes.
- Knowledge and experience in reimbursement from all Third Party Resources, Medicare, Medicaid and other intermediaries.
- Knowledge of Management Information System (MIS).
- Knowledge and experience in RPMS Third Party Billing Packages
- Knowledge of strong work ethics in the workplace.
- Knowledge of basic application of confidentiality.
- Strong understanding of Excel, Word, PowerPoint, Outlook
- Ability to evaluate and develop policies and procedures and to direct staff activities.
- Ability to supervise and train assigned staff.
- Ability to comply with the Privacy Act of 1974 and the Health Insurance Portability Accountability Act (HIPAA) of 1996.
- Ability to present and express ideas and information effectively and concisely in an oral and/or written mode.
- Ability to be dependable in attendance and job performance.

- Ability to meet attendance and other reliability requirements of the job.
- Ability to accept and learn from feedback.
- Ability to communicate effectively both verbally and in writing.
- Ability to provide exemplary customer service at all times.
- Ability to interact positively with others and possess great interpersonal skills.
- Ability to multitask and perform well under pressure.
- Ability to have self-confidence.
- Ability to be a great team player.
- Ability to accept and learn from supervisor/peer critique.
- Ability to be flexible and adaptable to the changing needs of the organization.

Physical Demands:

While performing the duties of this job, the employee regularly is required to sit; walk; use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required to stand; climb or balance; and stoop, kneel, crouch, or crawl. The employee frequently is required to taste or smell. The employee must occasionally lift and/or move up to 25 pounds.

Work Environment:

Work is performed in an office setting or outdoor work environment with a moderate noise level. Work environment may involve exposure to physical risks, such as blood borne pathogens and operating dangerous equipment or working with chemicals. Evening and/or weekend work may be required. Extended hours and irregular shifts may be required.

As required by P.L. 93-638, absolute preference will be given to qualified Navajo applicants. If there is no qualified Navajo applicant, preference will be given to qualified American Indian applicants.