

## **BILLING SUPERVISOR**

### **MAJOR FUNCTION**

Knowledgeable supervisory position that manages all billing activities and accompanying coordination of claim submission and reimbursement process. Coordinates activities of subordinate employees including determining work procedures and oversee work productivity. Issues written and oral instructions, assigns duties and reviews work for exactness, neatness and conformance with departmental and county policies and procedures.

### **ESSENTIAL FUNCTIONS**

The following statements describe the principal functions of this job and its scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including working in other functional areas to cover absences or relief, to equalize peak work periods, or otherwise to balance the work load.

- Define and manage systems for processing patient care reports through all phases of coding, data entry, billing and collection to ensure that services are billed and revenue is collected in keeping up with Medicare and Medicaid regulations and insurance company requirements, in support of the departments revenue budget goals.
- Analyze trends affecting accounts receivable and takes appropriate action to realign staff as needed to ensure efficient operation in maintained.
- To gather, compile, and analyze financial information on ambulance billing procedures and related issues for the preparation of required planning documents and budgets.
- To monitor and prepare financial statements supporting the ambulance rate study analysis.
- Integrate information gathered from analyses into annual budget requests for billing department. Provide backup data to support requests.
- Plan, implement and manage the department's patient privacy policies. Develop and implement educational programs, forms and other program elements to manage and optimize understanding and compliance as required by Federal and State laws. Immediately investigate and resolve potential violations of privacy regulations and make recommended action taken.
- Prepares monthly spreadsheets for project tracking and departmental reports.
- Consults internally with senior management regarding pending legislative issues related to Medicare and Medicaid billing and make recommendations as to action to be taken.
- Interpret documentation and medical terminology to review and verify diagnosis coding and make adjustments as required. Knowledge and clear understanding of defined payer requirements to facilitate claim acceptance.

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- Frequently reads and interprets large volumes of written materials, financial data, technical materials, Federal, State, and County statutes, rules, and ordinances as applicable.
- May access protected health information and other patient information only to the extent that is necessary to complete your job duties. The incumbent may only share such information with those who have a need to know specific patient information you have in your possession to complete the job responsibilities related to treatment, payment or other agency operations.
- Encouraged and expected to report any concerns regarding the agency's policies and procedures on patient privacy and any other observed practices in violation of that agency's policies and procedures on patient privacy and any other observed practices in violation of that policy to the designated supervisor.
- Assist with any departmental activities required to maintain workflow.
- Required to report to work at the appointed hour, as scheduled, and to work the entire assigned schedule.
- Interview, select, recommend for hire, train and assign staff as required. Provide technical direction and guidance. Evaluate performance and provide counseling and coaching to employees. Maintain harmonious employee/employer relations.

### **SECONDARY DUTIES**

- Performs other duties as assigned.
- Perform or assist with any duties or operations, as required to maintain workflow and to meet schedules and quality requirements.

### **CUSTOMER SERVICE**

This is a front-line position for providing excellent customer service to members of the general public and other County employees. Personal contact occurs with other employees of the unit, employees of other departments in the County, citizens, and customers of the department. Service is provided in person and by phone contact.

### **SUPERVISION**

This position will direct and supervise all assigned billing department employees. Responsible for directly and regularly supervising work of a relatively small number of employees (two or more), with no indirect supervision. Includes assigning, directing, evaluating, and reviewing work of subordinate employees. Responsibilities include providing on-the-job training; evaluating

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job performance; recommending selection of new staff members, promotions, status changes, and discipline; and planning, scheduling, and coordinating work operations.

### **EDUCATION, EXPERIENCE, LICENSES, AND CERTIFICATIONS**

#### **Education and Experience**

Bachelors Degree; and a minimum of three years experience in medical billing management; general office and computer skills; extensive medical billing background; data entry, problem solving and customer complaints; greater years of experience as a medical billing specialist or lead worker may substitute for a portion of the required education; or an equivalent combination of education and experience.

#### **Licenses**

State certification in Coding.

Valid Florida Driver License. Paramedic licensure or EMT licensure preferred.

### **JOB SKILLS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements are representative of the required knowledge, skills, and abilities.

#### **Language Skills**

- Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations.
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- Ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community.
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- Ability to write speeches/articles for publication that conform to prescribed style and format.
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- Ability to effectively present information to top management, public groups, and/or boards.

#### **Mathematical Skills**

- Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to compute rate, ratio, and percent.
- Ability to interpret complex and detailed financial data. Study manual work process to determine most effective methods for essential tasks.
- Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

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- Ability to work with mathematical concepts such as probability and statistical inference.

### **Problem Solving Abilities**

- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions in written, oral, diagram, or schedule form.
- Interprets complex and detailed technical data.
- May participate in development of policy, programs, plans, or procedures.
- Study manual work process to determine most effective methods for essential tasks.
- Requires judgment regarding use of equipment, tools or material.
- Ability to define problems, collect data, establish facts, and draw valid conclusions.
- Can explain records, procedures to others as lead worker.

### **Specialized Skills and Abilities**

- Knowledge of government organization and administration and of the legal basis of government.
- Ability to review patient care reports for proper medical codes.
- Strong computer skills with broad familiarity with standard software packages, e.g., word processors, report writers, database applications, spreadsheets, project schedulers.
- Knowledge of research techniques, methods, and practices. Ability to conduct manual and electronic research, and analyze and interpret findings for preparing reports.
- Ability to speak clearly and effectively in public. Ability to deal courteously and tactfully with members of the public and coworkers.
- Ability to establish and maintain effective relationships with government officials, employees, and the public.
- Ability to plan and organize and meet multiple deadlines. Must be flexible to work on diversified projects in a fast paced environment.

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- Extensive knowledge and compliance of HIPAA requirements.
- Ability to cross train for other tasks.
- Extensive knowledge of Medicare/Medicaid Ambulance guidelines for proper coding.
- Ability to take a teamwork approach to the job by cooperating with others, offering to help others when needed, and considering larger organization or team goals rather than individual concerns. Includes the ability to build a constructive team spirit where team members are committed to the goals and objectives of the team.

### **Machines and Equipment**

Employee will be required to operate a computer, calculator, telephone, fax machine, copy machine, folding and postage machine, and/or other general office equipment in the completion of the tasks.

### **PHYSICAL DEMANDS**

While performing the duties of this job, the employee will frequently be required to stand, walk, sit, use hands to finger, handle or feel, talk or hear, and will occasionally be asked to lift up to 25 pounds. Vision requirements are close, distance, color, and peripheral vision, and the ability to adjust focus.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing the duties of this job, the employee will occasionally be exposed to moving mechanical parts and airborne diseases and illnesses in working with the public. The typical noise level is moderate.

Advanced skilled and technical work providing assistance to staff engaged in bookkeeping, accounts maintenance, project tracking and administrative support the programs of the department. Duties to include interpreting, coding, and reviewing patient care reports for Medicare, Medicaid or insurance billing, review and process rejected claims through rebilling and appeals, and prepare documentation for medical quality assurance review.

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