

**INGHAM COUNTY
JOB DESCRIPTION**

BILLING AND COLLECTIONS MANAGER

General Summary:

Under the Primary Care Director is responsible for daily operational management of the Billing Unit and all patient accounting and related functions. Supervises a staff involved with accounts receivables, billing, credit and collections. Ensures compliance with state and federal laws and regulations for managed care and other third party payers. Maintains ongoing knowledge of UB-92, CMS 1500, and other mandatory state billing forms and filing requirements along with coding knowledge. Facilitates identification of issues and solutions by team members related to delay in receipt of billing or follow-up activities and provides feedback to the Department's various Health Center operations regarding the accurate identification of payers and/or front-end registration issues. Monitors billing processes to determine improvement opportunities and encourages team-based results. Evaluates individual and team performance, identifies areas for improvement, and makes recommendations to team members.

Essential Functions:

1. Hire, train, supervise, evaluate and discipline all staff in the Billing Unit.
2. Develop and maintain procedures for efficient and accurate processing of encounters in the registration area.
3. Coordinate the paper / document flow related to billing and patient accounts, including but not limited to; correlation of records and registration information, and forwarding specific registration information to third party billing and follow-up.
4. Identify and establish relationships with third party insurers to improve patient revenue.
5. Supervise the monitoring and reconciliation of third party insurance remittances and cash collections. Develop new or modify patient billing procedures.
6. Institute payment plans with patients where required, such as; problems paying assigned fee, delinquent accounts and third party insurance coverage not covered at the Center.
7. Advise patients of insurance offered by the state entity for themselves and their families.

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8. Attend all supervisory meetings as well as other meetings at the request of the Primary Care Director.

Other Functions:

9. Performs other work duties as assigned.

An employee in this position may be called upon to do any or all of the above tasks. (These examples do not include all of the tasks which the employees may be expected to perform.)

Employment Qualifications:

Education: Possession of a Bachelor's Degree in Business, or a related field.

Experience: Five years accounting, medical / dental billing experience.

- * Must have thorough understanding of managed care concepts including HMO, PPO, POS, and capitation.
- * Significant experience and excellent working knowledge of patient financial services operations with specific focus in outpatient managed care and commercial payers.
- * Experience in payer relations processes including payer inquires methodologies.
- * Solid background with 3rd-party payers, Medicaid, Medicare, including CPT and ICD9 codes a must.
- * Certified Coder preferred.
- * Supervisory experience preferred.

Other Requirements:

The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria.

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Physical Requirements: *[This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the following requirements. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements]:*

Ability to access office files.

Lifts and carries boxes and other materials.

Working Conditions:

Works in office conditions.

