

REVENUE CYCLE COORDINATOR

FUNCTION OF THE JOB

Under direction, to coordinate and oversee revenue cycle functions for the Department of Health and Human Services; supervises unit staff and technology; oversees service billing for compliance with Medicare, Medicaid, and third-party payor reimbursement requirements; and performs other duties as required.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES

1. Supervises admission, billing, utilization review, and coding staff. Manages unit workload and reviews day-to-day determinations made by unit staff on client financial eligibility, billing for various services, advising on electronic billing system, compliance with federal, state, and local regulations.
2. Monitors commercial insurance for timely payment, contractual reimbursement rates and billing accuracy. Reviews technical reference materials for Medicare and Medicaid provider information and distributes to unit and program staff.
3. Audits and educates clinical operations and providers of appropriate use of codes and provider documentation.
4. Functions as the subject matter expert in professional coding education and compliance.
5. Monitors and identifies potential compliance risk and reports results of reviews.
6. Researches and analyzes compliance and billing concerns that may affect the fiscal health of the department.
7. Develops consistent processes and best practices related to the revenue cycle for department delivery of services and develops policies and procedures based on ongoing review.
8. Ensures that service billing complies with third party payor requirements regarding the monthly cycle and develops policy integral to all aspects of the healthcare revenue cycle.
9. Assists the Utilization Review and Corporate Compliance Committees in the development and implementation of policies and procedures
10. Monitors the operating revenue related to third party client fees, track trends, investigate variances and identify causation and make corrections or adjustments.
11. Monitors monthly key performance indicators (e.g., net collection rate, average claim denials, average billing cycle).
12. Works with the electronic Health Records Administrator on third party billing system on the monthly maintenance documentation and testing of new and ongoing billing processes.
13. Establishes and maintains effective working relationships with staff, governmental entities, third party payors, and the public.
14. Participates on special project work groups, initiating changes and improvement to County policy and procedures.
15. Prepares complex financial and statistical reports as it relates to the revenue cycle management.
16. Performs emergency government duties as assigned in the event of a Waukesha County Emergency Government declaration.
17. Performs other duties as required.

QUALIFICATIONS

Essential Knowledge and Abilities

1. Thorough knowledge of the Medicaid, Medicare, private insurance and self-pay standards that impact clinical service delivery and reimbursement.

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2. Thorough knowledge of state, federal, and third party insurance plan documents.
3. Thorough knowledge of state, federal, and third party local coverage determination and national coverage determination.
4. Thorough knowledge of ICD, CPT and HCPCS codes as well as applicable CPT and HCPCS modifiers.
5. Comprehensive knowledge of third party practice management system.
6. Comprehensive knowledge of claims clearinghouse and medical coding software.
7. Considerable knowledge of information technology, terminology, computer applications and capabilities including database, internet access, spreadsheet, word processing, and computerized departmental programs.
8. Working knowledge of financial principles, practices, and procedures.
9. Working knowledge of state and federal confidentiality statutes and requirements, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
10. Ability to plan, prioritize, organize complex billing, coding, and financial data, and effectively carry out a variety of assignments.
11. Ability to manage multiple priorities with minimal direction while meeting specified deadlines.
12. Ability to plan, organize, assign, supervise, and review the work of others.
13. Ability to work independently and with others.
14. Ability to establish effective working relationships with staff, governmental entities, third party payors, and the public.
15. Ability to effectively interact with sensitivity with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyles.
16. Ability to utilize word processing, database, and spreadsheet programs.

Training and Experience

1. Graduation from a recognized college or university with a bachelor's degree in business, accounting, health information management, healthcare management, or a closely related field.
2. Three (3) years of professional work experience in healthcare coding, billing and collections, preferably in a behavioral health setting.
3. Master's degree from a recognized college or university in an area listed above may be substituted for one (1) year of the work experience requirement.