

Job Class Code: 8000	FLSA Status: Non-exempt
Pay Basis: Salary (Annual)	EEO Category: 2

GENERAL DESCRIPTION OF CLASS

The purpose of the class is to monitor, and supervise the reimbursement activities for the processing of insurance claims and billing and the management of accounts receivable. The class is responsible for providing guidance, information, and assignments to staff, supervising reimbursement activities, and processing credential applications. The class works within broad policy and organizational guidelines; independently plans and implements projects; reports progress of major activities through periodic conferences and meetings.

TYPICAL TASKS

- Guides reimbursement, clinical, and data entry staff with issues pertaining to insurance policies, payments posted, and credentials.
- Provides information and assignments to subordinate staff in order to accomplish goals and meet objectives.
- Supervises and monitors reimbursement activities and performs related functions such as preparing correspondence and processing appeals and refunds.
- Processes credentialing applications for physicians and clinicians for agency approval and to ensure billing opportunities to maximize fee revenue.
- Investigates available resources in order to ensure billing compliance, provide supporting documentation and to determine accounts resolutions such as delinquencies.
- Attends or conducts staff meetings to exchange information; attends in-service training and classes, seminars, or conferences to improve skills.
- Performs related tasks as necessary such as reviewing and preparing various reports.
- Prepares summary reports on accounts receivable to ensure that billing is prepared and submitted in a timely fashion and that the appropriate level of follow-up is performed to ensure timely collection.
- Responsible for set-up and management of insurer contracts within the Electronic Health Record including testing and implementation of data transmission processes; ensures the smooth information flow into and out of the Electronic Health Record including all claim submissions, receipt of payment, and verification of eligibility.
- Enforces program policies and procedures in order to provide effective program and services that comply with federal, state and local guidelines and regulations. Writes policies and procedures and ensures that they remain current.
- Participates in at least monthly meetings with subordinates to review job performance and adherence to corporate compliance and HIPAA expectations.
- Implements corrective action through written feedback or any further development that arises through the process of supervision.
- Reports any deviations from documentation, billing, and other agency standards to supervisor and the corporate compliance officer.
- Informs new job interviewees of Corporate Compliance and HIPAA requirements.
- Directs staff to attend or complete required compliance training.
- Performs other related duties as assigned.

GENERAL STANDARDS

Data Involvement	Coordinates or determines time, place or sequence of operations or activities based on analysis of data or information and may implement and report on operations and activities.
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Interpersonal/People Involvement	Supervises or leads others by determining work procedures, assigning duties, maintaining harmonious relations, and promoting efficiency.
Reasoning Requirements	Performs supervisory work involving policy and guidelines, solving both people and work related problems.
Mathematical Requirements	Performs addition and subtraction, multiplication and division, and calculates ratios, rates and percents.
Language Requirements	Reads journals, manuals, and professional publications; speaks informally to groups of coworkers, staff in other organizational agencies, the general public, and people in other organizations; composes original reports, training and other written materials using proper language, punctuation, grammar, and style; may present training programs.
Mental Requirements	Performs professional level work requiring the application of principles and practices of a wide range of administrative, technical, or managerial methods in the solution of administrative or technical problems; applies general understanding of operating policies and procedures to solve complex administrative problems; requires continuous, close attention for accurate results or frequent exposure to unusual pressure.
Decisions/Supervisory Control	Directs actions of others, making decisions almost constantly, affecting coworkers, clients, and others in the general public.

EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS

Vocational/Educational Requirement	Requires any combination of education and experience equivalent to a bachelor's degree in business or public administration or a closely related field.
Experience	In addition to satisfying the vocational/education standards, this class requires a minimum of two years of full-time equivalent experience.
Special Certifications and Licenses	Healthcare Access Manager, Certified Revenue Cycle Representative, Certified Healthcare Financial Professional, Certified Patient Account Manager and/or Certified Clinic Account Manager preferred.
Special Requirements	Employees may be expected to work hours in excess of their normally scheduled hours in response to short-term department needs and/or City-wide emergencies. Emergency operations support work and work locations may be outside of normal job duties.

AMERICANS WITH DISABILITIES ACT (ADA) REQUIREMENTS

The City of Chesapeake is an Equal Opportunity Employer. ADA requires the City to provide reasonable accommodations to qualified individuals with disabilities. Prospective and current employees are invited to discuss accommodations.

This is a class specification and not an individual position description. A class specification defines the general character and scope of duties and responsibilities of all positions in a job classification, but is not intended to describe and does not necessarily list the essential job functions for a given position in a classification.