Cow Creek Government Office

Revenue Cycle Manager

Job Code: 2601
Department: CCH&WC
Location: Roseburg, OR.
Minimum Salary: $73,329.11

POSITION PURPOSE:

The Revenue Cycle Manager is responsible for the direction of daily operations and procedures that ensure that all insurance claims are coded and billed correctly as well as followed up on in a timely manner to ensure prompt resolution of the claims.

ESSENTIAL FUNCTIONS:

- Exercise the full range of supervisory duties of Revenue Cycle staff. Resolve complaints or minor grievances; work with employees on matters related to less than adequate performance, keep employees informed of management policies and goals.
- Establish working relationships with the providers from each clinic to assist with coding and billing guidelines. Provide education, training, & instruction to providers on coding updates and/or coding questions or issues that the providers may encounter.
- Complete specific contracting applications with insurance companies for CCH&WC providers.
- Assist with the preparation of an annual budget.
- Oversee timeliness of insurance collections, billing efficiency, payment posting accuracy, and reconciliation of accounts receivables from third party insurance payers.
- Ensure that coders are reviewing patient ambulatory encounters for each provider and assure that the appropriate ICD-10-CM & CPT codes are used and appropriately reflected in the chart note for code assignment as outlined by the CMS guidelines. Assure medical necessity billing guidelines are met by providers.
- Analyze and track claim denials, rejections, and payer info requests to identify and implement revenue enhancement opportunities.

- Assist department staff in ensuring resubmission of eligible claims and attach any information required by insurance companies to reprocess claims.
- Provide a yearly revenue forecast of potential third-party billing revenue from factual data to assist with organizational yearly budgeting.
- Responsible for working with the Oregon Health Authority on the 100% FMAP reporting, and any additional services/reports, to help maximize additional sources of 3rd party revenue.
- Responsible for working with the Indian Managed Care Entity (IMCE) on assessment, reporting and any additional services/reports, to help maximize additional sources of 3rd party revenue.

QUALIFICATIONS:

- High School Diploma or Equivalent required.
- Associate's Degree in Medical Office Systems Technology or Business-related field **OR** a minimum of four (4) years of equivalent combination of specialized training and experience in technical knowledge of medical terminology and the CPT and ICD-10-CM coding systems.
- Possess either the AAPC (CPC) or AHIMA (CCS-P).
- Knowledge and experience in third party reimbursement, internal audits, budgeting, financial analysis, and management information systems.
- Supervision experience managing clinic personnel, coding and billing personnel.
- Strong problem solving, decision making, team building, process improvement, leadership and time management skills required.
- Excellent interpersonal communication skills both written and verbal.
- Proficient use of computers including electronic medical records, MS Office applications.
- Knowledge and experience in QI/QA. Data analytics.
- Knowledge of HIPPA.
- Knowledge of Centers for Medicare and Medicaid Services (CMS) Federally Qualified Health Centers (FQHC) and the Prospective Payment System (PPS) reimbursement methodology.