



## **Southern Indiana Community Health Care**

### **Billing Manager Job Description**

**General Summary of Duties:** Responsible for directing and coordinating the overall functions of the medical billing and coding office to ensure maximization of cash flow while improving patient, physician, and other customer relations. Requires strong managerial, leadership, and business office skills, including critical thinking and the ability to produce and present detailed billing activity reports.

**Physical Demands:** Work may require sitting for long periods of time; also stooping, bending and stretching for files and supplies. Occasionally lift files or paper weighing up to 30 pounds. Requires manual dexterity sufficient to operate a keyboard, type at 60 wpm, and operate office equipment as necessary. Requires normal visual acuity and hearing.

**Working Conditions:** Involves frequent contact with patients. Work may be stressful at times. Interaction with others is constant and interruptive. Contact involves dealing with sick persons.

#### **Daily Duties and Responsibilities:**

1. Oversee the operations of the billing department, encompassing medical coding, charge entry, claims submissions, payment posting, accounts receivable follow-up, and reimbursement management.
2. Serves as the practice expert and go to person for all coding and billing processes.
3. Analyze billing and claims for accuracy and completeness; follow-up with billers on work queues or pending claims.
4. Maintains contacts with other departments to obtain and analyze additional patient information to document and process billings.
5. Prepares and analyzes accounts receivable reports and insurance contracts with the Administrator. Collects and compiles accurate statistical reports.
6. Audits current procedures to monitor and improve efficiency of billing according to OIC Compliance Plan.
7. Analyzes trends impacting charges, coding, collection and accounts receivable and take appropriate action to realign staff and revise policies and procedures.
8. Keep up to date with carrier rule changes and distribute the information within the practice.
9. Performs physician credentialing actions.
10. Maintains library of information/tools related to documentation guidelines and coding.
11. Attend webinars and seminars to keep up on insurance changes.

#### **Performance Requirements:**

- Associates degree, preferably in business administration or related field, or at least 5 years of healthcare experience.
- Certified biller.
- Certified coder is a plus.
- Thorough understanding of medical billing, collections and payment posting, revenue cycle, third party payers, Medicare; strong knowledge of Indiana and Federal payer regulations.
- Working knowledge of CPT, ICD-9 and ICD-10 codes, HCFA 1500, UB04 claim forms, HIPPA, billing and insurance regulations, medical terminology, insurance benefits and appeal processes.
- Sufficient knowledge of policies and procedures to accurately answer questions from internal and external customers.
- Possess excellent negotiation skills, including the tact required for securing payment or discussing patient's finances, and enjoy working in a health care setting.
- Up to date with health information technologies and applications.

**Additional Duties That May be Assigned as Needed:**

1. Schedule patient appointments and patient messages as needed.
2. Perform PE Applications as needed.

**Miscellaneous Duties Assigned per Office Manager/Administrator:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_