

# COUNTY OF SOLANO

## CLASS SPECIFICATION

### Medical Billing Supervisor

Effective date: XX/XX/XXXX

DRAFT DATE: 2/27/2020

#### CLASS SUMMARY:

Under general direction and with independent judgment, plans, organizes and supervises the medical insurance billing functions and accounting/clerical staff for the Department of Health and Social Services' Medical Billing Unit; assists in developing, implementing and maintaining the department-specific patient accounting and billing systems; serves as the electronic health record billing liaison between the County and the State; and resolves technical billing problems in coordination with the claim management system and clearing house provider.

#### DISTINGUISHING CHARACTERISTICS:

The Medical Billing Supervisor is a single-position class specializing in medical insurance billing, distinguished from the countywide classes of:

- **Accounting Supervisor** which is characterized by the responsibility to supervise the work of accounting/clerical staff engaged in the maintenance of an account records system.
- **Accounting Technician** which is characterized by the responsibility for advanced accounting support and/or leading the work of accounting/clerical staff performing these tasks.
- **Accountant** which is characterized by the responsibility for applying professional accounting principles to facilitate fiscal control and performing financial analysis within a County department.

#### SUPERVISION RECEIVED AND EXERCISED:

Supervision is provided by the next higher level supervisory and/or management position.

#### AND

Supervises three or more accounting and/or clerical staff performing medical insurance billing and coding activities.

**ESSENTIAL DUTIES:** This class specification represents the core area of responsibilities; specific assignments will vary depending on the needs of the department.

- Performs complex and technical medical coding, billing, and accounting/bookkeeping activities to ensure maximum healthcare insurance reimbursements, by:
  - overseeing the reimbursement management operations of the medical billing unit, encompassing medical coding; charge entries; claims submissions; appeal submittals; payment postings; journal vouchering; accounts receivables; error research, reconciliations, and corrections; collections; insurance and bad debt write-offs, and quality control;
  - ensuring compliance with federal, state, local laws, best accounting practices, departmental protocol, and payer requirements with respect to healthcare reimbursement and medical coding and billing;
  - ensuring strict patient confidentiality;

- reviewing and interpreting operational data to assess need for procedural revisions and enhancements; analyzing trends impacting charges, coding, collection, and accounts receivable; taking appropriate action to realign staff and revise policies and procedures;
  - serving as the expert and go-to person for all coding and billing processes; serving as the electronic health record billing liaison; maintaining library of information/tools related to documentation guidelines and coding;
  - auditing medical coding and billings, claims, and accounting procedures and systems; identifying and resolving technical problems and workflow inefficiencies; and developing workflow improvements for claim transmissions and reconciliations;
  - producing and presenting billing activities and related statistical/financial reports; explaining procedures and discrepancies to county, state, and federal auditors as necessary; and
  - participating in the design and implementation of specific systems to enhance revenue and operating efficiency; and working with the County's Information Technology department and vendors to revise, update, and maintain the medical billing and records systems.
- Performs full-scope, front-line supervisory duties over billing, accounting, and clerical staff assigned to the Medical Billing Unit, such as:
    - Recruiting, interviewing, and selecting; training, coaching, and counseling/mentoring; assigning work activities and deadlines; approving leaves; establishing performance standards, evaluating performance levels; recognizing work efforts and accomplishments; recommending promotions; and proposing disciplinary actions and terminations;
    - explaining medical billing and accounting processes and applications to staff and others;
    - ensuring new and existing staff receive required formal and on-the-job training; providing and recommending career development and mentoring opportunities;
    - responding to employee concerns and problems; providing instruction and/or guidance to staff in handling difficult or complex work problems; and being available for staff needs; and
    - communicating, supporting, and enforcing County and Department policies and procedures.
  - Assists departmental management by:
    - administering the unit's budget; submitting budget recommendations, monitoring expenditures and approving routine purchases;
    - responding to complaints from patients, clients, medical professionals, insurance payors, etc.; recommending changes to improve customer service; and
    - coordinating the work of contractors and consultants with the work of the unit.
  - May represent the department in meeting with representatives from various County and non-County organizations, local businesses, patients, clients, and/or with the general public;
  - Performs other duties of a similar nature or level as assigned.

## **EDUCATION AND EXPERIENCE:**

**Education:** Associate degree or equivalent from an accredited college or university with a major in medical billing and coding, healthcare accounting, or a field closely related to the intent of the class. Education must have included healthcare industry rules and regulations and current procedural code sets and guidelines for medical billing and coding;

### **AND**

**Experience:** Three (3) years of direct experience in medical billing and coding or medical accounts receivables; of which one year must have been lead or supervisory experience in any field.

## **LICENSING, CERTIFICATION AND REGISTRATION REQUIREMENTS:**

- Possession of one (1) of a valid and current certification is required, such as a: Certified Coding Associate (CCA), Certified Coding Specialist (CCS), Certified Documentation Expert-Outpatient (CDEO), Certified Professional Coder (CPC), or related certification from a recognized accredited college, university, or professional association (e.g., American Academy of Professional Coders (AAPC) or American Medical Billing Association (AMBA)).
- The position may require the possession of a California Driver's License, Class C.

**Note:** Employees must keep their licenses, certifications and registrations current while employed in this class and failure to do so may constitute cause for personnel action in accordance with Civil Service Rules and/or applicable bargaining agreement.

## **REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:**

### **Knowledge of:**

- Related healthcare industry laws including HIPPA, False Claims Act, Fair Debt Collections Act, and Stark Law.
- Anatomy, physiology, and medical terminology; ICD-10-CM diagnosis codes (Volumes 1 and 2); Current Procedural Terminology (CPT) code sets, Medicare Economic Index (MEI); Prospective Payment System (PPS).
- Healthcare industry's legal and administrative standards; automated healthcare records systems; quality data management; legal and ethical issues; records privacy and confidentiality compliance; record retention; fraud and abuse issues.
- Accounting/bookkeeping practices and techniques specific to medical billing; accounts receivables and collections; revenue codes; status indicators; payment indicators; and proper calculations of payments.
- Medical billing and coding rules and regulations; revenue cycles; claim life cycle, timely filing standards, tracking and follow-up; appeals; denials and denial resolutions; record retention, and record auditing.
- Insurance and payment methods such as managed care; commercial payers; fee-for service; MediCal and Medicare (Parts A, B, C, D); worker's compensation; third party payers (automobile, liability, etc.).

- Reimbursement and collections techniques such as resource-based relative value scale (RBRVS), payer and patient refunds, provider credentialing, accounts receivable, Fair Debt, patient statements and dismissals; collection agencies; payment plans; pre-authorizations, claim editing tools.
- Standard and accepted principles and practices of supervision, leadership, motivation, team building, organization, training, and conflict resolution.
- English composition, spelling, grammar, vocabulary, and punctuation for both written and oral communications; formats for various written and narrative communications such as business correspondence, appeal letters, policies, procedures, and reports.
- Mathematics for developing, preparing and completing numerical, budgetary, and/statistical reports.
- Standard office procedures, practices, equipment, personal computers, and software.

**Skills and/or Ability to:**

- Assign accurate medical codes for diagnoses, procedures, and services performed in outpatient settings (i.e., emergency department visits, outpatient clinic visits, same day surgeries, diagnostic testing [radiology and laboratory], and outpatient therapies [physical therapy, occupational therapy, speech therapy, and chemotherapy].
- Maintain confidentiality of patient information and records.
- Supervise, evaluate, train, and develop staff; organize and prioritize unit's work assignments.
- Understand unit's objectives in relation to departmental goals and procedures.
- Evaluate unusual situations and resolve them through application of departmental/program policies and procedures.
- Research laws, regulations, procedures and professional and technical reference materials; evaluate new and changed data; project consequences on unit operations; make recommendations for procedural changes; and provide input into new and/or revised policies and procedures.
- Manage a variety of work projects simultaneous, carrying them through to successful completion.
- Gather and analyze statistical data and prepare comprehensive statistical reports.
- Communicate information and ideas clearly and concisely, both orally and in writing through a variety of communiqués including letters, reports, and documents.
- Use modern office equipment including computers and related software applications; work with automated patient accounting and billing systems.
- Establish and maintain effective working relationships with those contacted in the performance of required duties; demonstrate tact and diplomacy.

**PHYSICAL REQUIREMENTS:**

- **Mobility and Dexterity:** Positions in this class typically require stooping, kneeling, reaching, occasional standing, occasional walking, pushing, pulling, fingering, grasping, feeling (i.e. sense of touch), and repetitive motion.
- **Lifting, Carrying, Pushing and Pulling:** Employees in this class exert up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects;
- **Vision:** Positions in this class require the employee to have close visual acuity, with or without correction, to prepare and analyze data and figures, transcribe, view a computer screen, read, etc. Positions in this class may also require employees to have depth perception in order to operate a motor vehicle.
- **Hearing/Talking:** Positions in this class require the employee to perceive the nature of sounds at normal speaking levels with or without correction and can receive detailed information through oral communication. Positions in this class require the employee to express or exchange ideas by means of the spoken word.

**WORKING CONDITIONS:**

- **Office Work:** Employees in this class will most often be working in an office setting.

**OTHER REQUIREMENTS:**

- **Background Checks:** The County may conduct a background check and a reference check on candidates prior to appointment to a position within this class. The background check may include the State of California Department of Justice, the Federal Bureau of Investigation (FBI), the Child Abuse Central Index (CACI), and criminal checks in any City/County where the applicant has lived, worked or gone to school.
- **Independent Travel:** Incumbents may be required to travel independent, for example, to perform work at other sites, to attend meetings with County employees, and/or to attend meeting or trainings with outside companies, vendors or organizations.
- **Hours of Work:** Incumbents may be required to work weekends, holidays, irregular hours, on-call, and after normal business hours.
- **Drug Testing:** Candidates for positions in this class and employees in this class will be subject to Pre-Employment, Reasonable Suspicion, Post Accident, Return-To-Duty and Follow-Up drug testing in accordance with the Solano County Alcohol and Drug Free Workplace Policy.
- **Child Abuse Reporting:** Selectees for employment must, as a condition of employment, sign a statement agreeing to comply with Section 11166 of the California Penal Code relating to child abuse reporting.
- **Elder Abuse Reporting:** Selectees for employment must, as a condition of employment, sign a statement agreeing to comply with Section 15630 of the California Welfare and Institutions Code relating to elder abuse reporting.

- Language Proficiency: Some positions allocated to this class will require the applicant to speak, read and write in a language other than English.

**CLASS HISTORY AND CLASS INFORMATION:**

- Date Approved by the Civil Service Commission:
- Date Adopted by the Board of Supervisors:
- Date(s) Revised:
- Date(s) Retitled and Previous Titles of the Class:
- Class Code: