



Title: Revenue Cycle Manager
Department: Administration
Supervisor: CFO
FLSA Status: Exempt

Purpose of Job:

Improve the overall health and expand the availability of health care in the communities we serve by maximizing revenue and reimbursement through the effective management and utilization of revenue cycle processes and information flow through operations, billing, and in-take systems.

Essential Duties and Responsibilities:

- Analyzes and makes recommendations to management on initiatives to increase revenue among NHPs lines of business including medical, dental, behavioral health, pharmacy, and telehealth.
- Manages systems to track and reconcile FQHC encounters and population with their corresponding reimbursements including Medicaid Differential, Medicaid Enhancement, Capitation, and Medicare.
- Conducts Charge-Master maintenance and reviews of fee schedule and reimbursements.
- Participates in the annual budget process and UDS reporting.
- Assists in various account analyses, reporting, and day to day accounting functions.
- Supervises department staff and ensures smooth day-to-day coordination with outsourced billing company.
- Develops department goals and metrics supporting those goals.
- Develops new procedures and processes as needed to grow with the organization and the industry.
- Builds and maintains a team environment with the goal of providing excellent customer service.
- Oversees accuracy and timely submission of billing department monthly reports as coordinated with the CFO.
- Monitors federal and state agencies for medical billing updates and maintains sliding fee schedule and commercial fee schedules.
- Completes grant reports timely and accurately.
- Assists CFO and Data Analyst in contract negotiations.
- Oversee and manage Credentialing Specialist.
- Presents and prepares information requested for meetings accurately and professionally.
- Performs other duties as assigned.

Qualifications:

Education/Experience: High school education required. 2 years of post-high school education preferred. Minimum of five years billing experience. Previous supervisory experience and CPC certification is preferred. Athena and Dentrix Enterprise experience preferred.

Skills: Must be innovative, analytical with technical skills, and have strong business acumen and general accounting knowledge. Working knowledge of CPT, HCPCS, ICD9, and ICD10 coding required. Understanding of third-party payers operating procedures and practices required. Understanding of Federal, State, and Local legal, compliance & regulatory provisions related to billing practices in a medical office required. Superior communication and interpersonal skills required. High level of motivation and initiative to accomplish goals required. Computer skills required. Organizational skills and attention to detail required. Knowledge of appropriate HIPPA regulations preferred.

Physical Demands:

While performing the duties of this job, the employee is regularly required to talk, hear, and sit. The employee is occasionally required to move around the facility; use hands to finger, handle, or feel; reach with hands and arms; climb or balance and stoop, kneel, crouch, or crawl. The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 lbs. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

I have read and understand the above job description.

Employee Signature: _____ Date: _____

Print Name: _____