		Department:	Business Office
	Job Description for		
Oroville Hospital	Billing Supervisor	Dept.#:	8530
		Last	07/21/08; 05/14/14
		Updated:	

Reports To

Director of Patient Financial Services

Job Summary

Responsible for timely and accurate billing claim submission to responsible third party payers. Responsible for monitoring and development of Business Office billing staff. Assures compliance with Medicare, Medi-Cal, Commercial Insurances, Federal and State Laws impacting health care. Monitors and creates edits in the electronic billing system to achieve accurate high clean claim ratios. Coordinates office efforts and works closely with Recovery Supervisor to expedite collections.

Duties

- Oversees the billing functions, including the initiation of goals and procedures, overseeing daily operations, and coordinating office efforts to expedite payment of accounts.
- Supervises hourly employees in performance of tasks associated with billing and collection from third party payers. Monitors billing processes of billing staff to assure that billing is correct and timely.
- Reviews and resolves issues related to claim generations, clean claim ratios, rejected, denied billings. Determines the accuracy of charge capture, missing charges, late charges, covered and non-covered charges.
- Ensures that all required information is attached to every billing form, TAR.
- Ensures appropriate and professional communication with payers and patients.
- Elevates issues with payers and reports improvement as appropriate.
- Serves as a resource to staff by answering questions, assisting with problems, and providing training as necessary.
- Assists the PFS Director and Recovery Supervisor. Performs designated duties when they are absent.
- Implements quality and performance improvement measures for the business office.
- Participates in the development of unit policies and procedures
- Ensures timely submission and acceptance of claims to all payers.
- Must be capable of performing all tasks required of hourly billing and collection employees.
- Uses a wide variety of communication formats to keep staff regularly informed and trained with one to one and team meetings.
- Identifies accounts not selected for billing (ANSB). Reviews system generated billing, collections and medical records abstracting reports to monitor weekly collections, billed and unbilled accounts.

- Communicates issues that are preventing timely and accurate billings to appropriate hospital department Manager for performance improvement process.
- Identifies and collects on underpaid accounts.
- Reviews Claims Edit List to monitor specific issues, as well as recurring issues and resolution.
- Recommends future course of action based on data interpretation and recommends system changes, as appropriate.

Qualifications

- College or business degree preferred. High School graduate or equivalent required.
- Minimum of two (2) years of previous supervisory billing experience in a hospital setting or five years (5) experience in billing and collection in a health care facility or equivalent.
- Expert knowledge of billing software program is required.
- Advanced knowledge of Excel preferred.
- Strong oral and written communication skills
- Ability to foster an environment that nurtures collaboration, teamwork, and mutual respect
- Ability to work independently and perform critical work under deadlines.
- Informational needs of the hospital clinical and administrative departments, contract, insurance, government, and government funded payers
- Billing requirements of Medicare, Medi-Cal, insurances, contract payers, and government entities
- Credit and collection requirements to effect timely follow-up and resolution of accounts receivable balances.
- Demonstrated record of continuing education/training and professional development.

Lifting Requirements

Sedentary- generally, lifting not more then 30 lbs. maximum and occasionally lifting and/or carrying such articles as reports, files and small items.