

MEDICAL BILLING SUPERVISOR

JOB DESCRIPTION

Classification Responsibilities: The Medical Billing Supervisor is responsible for supervising the daily operations of the medical billing, accounting, and collection process for the Mesa Fire and Medical Department (MFMD)'s emergency medical transportation billing. Specific duties include: identifying areas for improved efficiency and effectiveness; assigning schedules, training, and providing guidance and coaching to staff; developing training schedules and guidelines; prioritizing and delegating essential tasks; performing complex claim corrections and addressing appeals, and follow up with payers and patients; working with the Emergency Transportation Administrator in developing, enhancing, and implementing policies and procedures related to the medical billing process involving account receivable, past due collections, and claim denials; developing and streamlining systems and processes used in the ambulance billing; coordinating ambulance compliance programs with MFMD and contracted attorneys; maintaining billing system table updates and fee schedule tables; running statistical reports related to the billing group's performance; developing ad hoc reports involving payments and expenditures; analyzing metrics and trends for denied claims; auditing medical claims for compliance; managing account access such as clearinghouse, Health Information Exchange (HIE), and commercial insurance and Noridian (Medicare); communicating with insurance agencies, outside organizations, other City departments, and City management; serving as a liaison with Finance and the Department of Innovation and Technology (DoIT); and exercising independent judgement and discretion for/related to hardship waivers, reduce payment plans, bad-debts, and write-offs.

The Medical Billing Supervisor leads the team for maximum employee productivity and morale through hiring, disciplining, evaluating employee performance, resolving conflicts, and other supervisory related activities. This class also recommends changes in goals, procedures, policies, equipment, and personnel to maximize utilization of resources and improve operations; assists in preparing the budget by recommending changes to the Administrator for the existing budget allocation and preparing written justifications for supplemental requests; coordinates section activities with those of other departments throughout the City; and provides information for City management, outside agencies, and organizations. Additional duties include: verifying patient's personal information; confirming insurance eligibility; requesting authorization; reviewing type of procedures performed such as basic or advanced life support and entering diagnostic and procedure codes; reviewing supply usage for medical care and number of miles driven for transportation; entering data and converting information from an electronic patient care report (ePCR); processing and posting payments, adjustments, contractual allowances, and denials; running payment reports; monitoring account payment statuses; rebilling delinquent claims when needed; responding to internal inquiries regarding medical billing, accounts receivable, and collections; reviewing and analyzing metrics; generating and submitting paper and electronic claims to insurance companies; sending notices of privacy practices to patients; and interpreting and applying covered and uncovered procedures, patient's deductibles, co-pays, or co-insurances from insurance companies. This class is responsible for performing related work and duties as required.

Distinguishing Features: This classification has been designated as a non-classified, non-merit, at-will position. The incumbent has full-supervisory responsibility over the medical billing staff. A Medical Billing Supervisor exercises considerable discretion and judgment in investigating, analyzing, and resolving the complex and/or sensitive inquiries or complaints referred by staff according to City

policies and procedures. Work is performed with considerable independence under the general supervision of the Specialty Billing and Collections Administrator who evaluates work based on observation and results achieved. This class is FLSA exempt-administrative.

QUALIFICATIONS

Employee Values: All employees of the City of Mesa are expected to uphold and exhibit the City's shared employee values of Knowledge, Respect, and Integrity.

Minimum Qualifications Required. Any combination of training, education, and experience equivalent to graduation from an accredited college or university with an Associate's Degree in Medical Billing and Coding, Healthcare Administration, Health Information Management, Health Services Management, Accounting, Business Administration, Finance, or closely related field. Considerable (3 - 5 years) full-time experience performing ambulance or medical billing, accounting, and/or collection activities. Good (1 - 3 years) of lead/supervisory experience or one year of full-time employment with the City of Mesa as a Medical Biller.

Special Requirement. Must possess a Certified Ambulance Coder (CAC) certification within one year of hire or promotion date. Must not be on the Office of Inspector General (OIG) list of Excluded Individuals/Entities (LEIE).

Substance Abuse Testing. None.

Preferred/Desirable Qualifications. A Bachelor's Degree in Healthcare Administration, Health Information Management, Health Services Management, Accounting, Business Administration, Finance, or closely related field; experience in supervision and medical billing, accounting, and collections with a public/governmental agency; and Certification as a Certified Ambulance Compliance Officer is highly desirable.

ESSENTIAL FUNCTIONS

Communication: Explains to staff and customers the City's policies and procedures relating to medical billing, accounting, and collections policies and procedures. Collects, evaluates, and analyzes data to produce letters, memos, billing statements, and statistical reports so that they obtain information, explain policies, resolve billing and collection disputes, and track work. Effectively communicates to management the necessity and justification for policy revisions. Responds to customers and management, either orally or in writing, regarding the most difficult customer complaints. Explains explanation of benefits, charges, and supplies to patients. Communicates with insurance agencies, outside organizations, supervisors, and managers in other City departments, both orally and in writing. Responds to angry, confused, and/or hostile customers in a tactful, confidential, knowledgeable, and courteous manner.

Manual/Physical: Uses a personal computer (PC) to construct detailed spreadsheets and charts, create comprehensive reports, review history of accounts, review, and complete online transactions, and produce memos and letters. Operates and trains staff members on a wide variety of office equipment including: PCs, printers, calculators, and specialized software programs, etc. Meets scheduling and

attendance requirements. Monitors overall account and financial statuses as well as statistical and performance reports for the medical billing and collection function. Performs complex claim corrections, appeals, and follow up to patients and payers. Enters data and converts information from ePCR. Enters diagnostic and procedure codes. Processes and post payments, adjustments, contractual allowances, and denials. Runs reports in the Financial (Advantage FIN), cashiering, and other management systems. Meets scheduling and attendance requirements.

Mental: Assigns work to staff by determining work priorities, considering workflow patterns, ascertaining current workload, and taking into consideration staff capabilities and knowledge. Evaluates the performance of staff by closely monitoring overall workflow, spot-checking work completed, and reviewing problems or complaints referred by staff. Investigates and resolves the most difficult customer complaints. Works with the Administrator to develop and implement policies and procedures. Coordinates ambulance/medical compliance programs with MFMD staff and legal counsel. Conducts research and develops recommendations. Resolves day-to-day operational problems related to billing, accounting, collections, and personnel. Determines hardships, bad-debts, and write-offs. Identifies areas of improvement and streamlines processes and systems in the medical billing process. Develops ad hoc reports involving payments and expenditures. Analyzes metrics and trends. Performs audits and ensures compliance with Ambulance billing program, Arizona law, Medicare, AHCCCS, and Department and City policies and procedures. Makes recommendations for changes to budget, policies, and procedures.

Knowledge/Skills/Abilities:

Knowledge of:

City of Mesa policies, procedures, codes, ordinances, and other applicable laws governing medical billing in general and ambulance billing in particular including:

- Medicare, Medicaid, and AHCCCS rules and regulations, and Arizona laws;
- medical procedures and diagnostic codes;
- medical and/or ambulance billing process;
- procedures for internal controls and security measures;

principles, practices, and procedures used to train, supervise, and evaluate staff; and clerical accounting, bookkeeping, and computerized billing, and cashiering systems.

Skill in:

identifying and entering basic life support (BLS) and advanced life support (ALS) patient care diagnostic codes;
accounting practices and ambulance billing; and
communicating with patients, hospitals, insurance companies, and partners.

Ability to:

read and interpret fiscal data;
explain City of Mesa policies and procedures concerning medical and ambulance billing, accounting,

and collection functions such as: adjustments, bill calculations, and interpretation of statistical reports; effectively work with the patients, hospitals, insurance companies, Civilian Paramedics, and EMTs; understand and perform in accordance with Medicare, Medicaid, and AHCCCS regulations and laws, departmental policies, and follow HIPPA (Health Insurance Portability and Accountability Act) and Payment Card Industry (PCI), compliance regulations; interact tactfully, confidentially, knowledgeably, and courteously with the public, coworkers, and various levels of City management; prepare materials for management, including preparation of material for city management and City Council reports; direct and coordinate staff responses to late payments, fee increases, establishing and closing patient accounts, bank corrections, payment posting errors, deposit disputes, payer conflicts, and misapplied or incorrect payments; make accurate, timely, and effective decisions under stressful conditions; exercise initiative in the improvement for the functional area; and analyze and solve problems according to department and City policies, regulations, and ordinances.

The duties listed above are intended only as general illustrations of the various types of work that may be performed. Specific statements of duties not included does not exclude them from the position if the work is similar, related, or a logical assignment to the position. Job descriptions are subject to change by the City as the needs of the City and requirements of the job change.

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INCREMENTS 62-200

PAY GRADE: 49

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