

## ASSISTANT MEDICAL BILLING SUPERVISOR

### JOB DESCRIPTION

**Classification Responsibilities:** The Assistant 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: assisting the Medical Billing Supervisor in 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, addressing appeals, and following up with payers and patients; assists the Medical Billing Supervisor to maintain-billing system table updates and fee schedule tables; running statistical reports related to the billing group's performance; 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 Assistant 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. 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:** The incumbent has full supervisory responsibility over the medical billing staff. The Assistant 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 Medical Billing Supervisor who evaluates work based on observation and results achieved. This class is FLSA nonexempt.

### 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 Accounting, Finance, or closely-related field. Two years of experience in medical billing and coding, including eighteen months of experience with 911 ambulance coding and billing. One year of experience as a Senior Medical Biller with the City of Mesa, *OR* one year prior supervisory or lead experience.

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

**Substance Abuse Testing.** None.

## **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 with patients regarding their medical/ambulance bills, and insurance payers regarding patient's insurance eligibility, authorization, and billing invoice. Effectively communicates to management, recommendations for policy or procedure 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, and supervisors, both orally and in writing. Responds to angry, confused, and/or hostile customers in a tactful, confidential, knowledgeable, and courteous manner.

**Manual/Physical:** Uses computers, electronic patient care reporting software, and phone primarily to communicate with others and to enter patient care reporting and transportation documentation. 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.

**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 difficult customer complaints. 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. Conducts research and develops recommendations. Resolves day-to-day operational problems related to billing, accounting, collections, and personnel. Analyzes metrics and trends. Makes recommendations for changes to 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 HIPAA (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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CLP/js/ah

CS5107.DOCX

EEO-A/S

JOB FCTN-FIN

Non-DOT Safety and Security-N

CDL-N

RESP-N

PAY GRADE: 51

IND-8810

SWORN-No

Non-DOT Random-N

DOT-N

INCREMENTS 78-200