



Director of Revenue Cycle

Job Code: RCMGR - 128
Revision Date: Dec 21, 2018

Salary Range:
\$36.48 - \$59.68 Hourly
\$2,918.40 - \$4,774.40 Biweekly
\$75,883.00 - \$124,137.00 Annually

FLSA: Exempt

Overview

We are an agency committed to innovative behavioral health services in trauma-informed care that promote healing and recovery to instill a sense of empowerment and foster a lifelong sense of resilience.

General Description

The purpose of this job is to manage the daily operations of the billing and revenue cycle processes with special his position is responsible for the day to day billing and revenue cycle processes with special attention to billing outcomes and coding performance. This includes working with the preauthorization and billing team, departmental staff and physicians to assure optimum billing performance.

This position is responsible for organizing strategies to increase profitability, meeting all financial objectives, exploring business opportunities based on careful research, as well as reviewing billing activities and generating ideas for innovative revenue programs. They monitor projections based on past financial results and adjust outlooks for future milestones. They analyze market trends and modify company expectations as needed.

This class works independently, under limited supervision, reporting major activities through periodic meetings.

Duties and Responsibilities

- The functions listed below are those that represent the majority of the time spent working in this position. Management may assign additional functions related to the type of work of the position as necessary.
- Supervises, directs, and evaluates assigned staff, processing employee concerns and problems, directing work, counseling, disciplining, and completing employee performance appraisals.
- Coordinates, assigns and reviews work and establishes work schedules; maintains standards; monitors status of work in progress; inspects completed work assignments; answers questions; gives advice and direction as needed.
- Served as a primary point of contact for, and liaison between chiefs, physicians, and directors to facilitate proper lines of communication and expedient problem solutions.
- Provided identified staff education in pinpointing documentation issues on an as needed basis.

- Conducted monthly spot audits on both facilities and staff to ensure timely and accurate billing processes within 2 business days turn-around time.
- Managed and monitored front-end department billing production and workflow.
- Coordinated efforts across all departments to decrease billing errors and increased revenue, working closely with billing & collections to determine opportunities for improvement.
- Assists accounting in preparation of departmental budget by providing historical billing and collection data. Assists create yearly budgets for clinical departments based on payer mix and census.
- Prepares training material for supervisors to train clinic staff on best practices to improve efficiencies, improve collections and so they have a better understanding of revenue cycle.
- Prepare monthly reports for Chiefs to see how many services are being provided monthly by provider and how much revenue is being generated for those services.
- Directs and oversees the overall policies, objectives, and initiatives of an EHN's revenue cycle activities to optimize the patient financial interaction along the care continuum.
- Reviews, designs, and implements processes surrounding admissions, pricing, billing, third party payer relationships, compliance, collections and other financial analyses to ensure that clinical revenue cycle is effective and properly utilized.
- Monitors timeliness and effectiveness of department activities, ensuring that outstanding patient accounts and accounts receivables is no more than the agreed upon limit and that bad debt is within budgeted target.
- Tracks numerous metrics related to the patient engagement cycle including record coding error rates and billing turnaround times to develop sound revenue cycle analysis and reporting.
- Enhance and standardize our work-flow processes throughout the revenue cycle to assist in achieving consistency in maintaining the critical success factors outlined in EHN's standard operating procedures
- Manages relations with payers and providers to generate high reimbursement rates and a low level of denials.
- Handles complex patients' complaints and issues by explaining company policies and guidelines as well as those involving compliance issues with state and federal regulations.
- Creates functional strategies and specific objectives for the sub-function and develops budgets/policies/procedures to support the functional infrastructure.
- Adheres to and implements the philosophy of "hiring the best fit" and ensures that prospective employees' personal values are aligned with the EHN's values.
- Implementation of all Revenue Cycle team plans, programs, and projects strictly adhering to prescribed deadlines and schedules.
- All communications and relevant information pertaining to the team are cascaded to the proper channels within the team and the organization in general.
- Performance coaching for the staff who failed to perform and deliver the prescribed and committed level of performance output and standards.
- Performance counseling staff with behavioral/attitudinal problems. Implements the necessary guidelines on discipline management for erring employees, in accordance with EHN's policies, rules and regulations, due process, and government regulations.
- Performance mentoring for high potential staff, capable of assuming bigger responsibilities in the future.
- Conducts training programs and acts as subject matter expert on training programs pertaining to the Revenue Cycle team.
- Develops and formulates performance measures and standards for the team, as basis for the conduct of annual performance management review program
- Performs other duties as assigned.

Minimum Education and Experience Requirements

Requires Bachelor's Degree in Business Administration or health care related field supplemented by six (6) years of health plan (or similar) experience, of which four (4) are in a supervisory position, doing utilization

management and/or case management, billing and processing payments; possession of any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities.

Experience with trauma-informed services; cognitive behavioral therapies, including DBT; and motivational therapies including the use of incentives, preferred.

Required Knowledge and Abilities

Knowledge of trauma-informed theories, principals, and practices (includes multi-faceted understanding of concepts such as community trauma, intergenerational and historical trauma, parallel processes, and universal precautions), preferred.

Physical Demands

Performs sedentary work that involves walking or standing some of the time and involves exerting up to 10 pounds of force on a regular and recurring basis or sustained keyboard operations.

Unavoidable Hazards (Work Environment)

- None

Special Certifications and Licenses

- Must possess and maintain a valid state Driver's License with an acceptable driving record.
- Must be able to pass a TB, criminal background and drug screen.

Americans with Disabilities Act Compliance

Emergence Health Network is an Equal Opportunity Employer. ADA requires Emergence Health Network to provide reasonable accommodations to qualified persons with disabilities. Prospective and current employees are encouraged to discuss ADA accommodations with management.

Other Job Characteristics

- Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.
- Credentialed, certified, and licensed professionals with adequate training in person-centered, family centered, trauma informed, culturally-competent and recovery-oriented care.

Note: This Class Description does not constitute an employment agreement between the Emergence Health Network and an employee and is subject to change by the Emergence Health Network as its needs change.