



# Revenue Cycle Supervisor

**Job Code:** RSSUP - 116  
**Revision Date:** Dec 21, 2018

**Salary Range:**  
\$20.31 - \$33.23 Hourly  
\$1,624.80 - \$2,658.40 Biweekly  
\$42,255.00 - \$69,124.00 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 position is responsible for handling financial transactions., minimizing bad debt, improving cash flow, guiding revenue cycle team, implementing EHN's procedures, generating reports, analyzing trends, and making recommendations to senior management. This Supervisor should demonstrate managerial competencies, financial expertise, business acumen, analytical thinking, effective communication, and decision-making.

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.
- Checks billing batches from staff on the clearinghouse daily to make sure claims are sent out to the insurance companies.
- Runs suspense reports and forward to appropriate personnel to review.
- Corrects billing modality issues and updates billing modality with required payer guidelines.
- Reviews staff work by checking ClaimMD daily.
- Responsible for the accounts receivable in charges each month, including credentialing, denial management and third party follow up.

- Analyzed the top denials for payer and identified solutions to increase cash and A/R days.
- Reduced average days in A/R from 121+ to 9 in a 6-month time period. Increased net collections from 75% to 90%.
- Built collector work files and monitored the performance of the staff.
- Worked with the clearinghouse and the payers to ensure all claims were processed and received by the insurance companies in a timely manner.
- Reduced clearinghouse denials.
- Maintained a strong relationship with all clients and presented trends to designated staff on a quarterly basis.
- Improved initiatives of practice and communicated revenue performance results to departmental and faculty practice leadership.
- Identified operational problems, assist appropriate divisional staff and implemented procedures to correct them.
- Exceeded departmental cash receipts goals each year.
- Ensure data accuracy accountability for divisional financial performance, charging methodologies and capture, and revenue enhancements
- Review patient statements for accuracy prior to mailing to patient.
- Performs other duties as assigned.

### **Minimum Education and Experience Requirements**

Requires Bachelor's Degree in Business Administration or health care related field supplemented by four (4) years of health plan (or similar) experience in 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.