

Job Description



JOB TITLE: Business Office Manager

DEPARTMENT: Business Office

STATUS: Exempt

REPORTS TO: Practice Manager

POSITION SUMMARY

The Business Office Manager is responsible for maximizing practice revenue by managing staff effectively and efficiently while establishing strategies to meet monthly Revenue Cycle Management (RCM) goals. Responsible for the enforcement of clinic policies and procedures. At all times, this position maintains the strictest confidentiality and follows the HIPAA rules and regulations.

A review of this description has excluded the marginal function of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor.

RESPONSIBILITIES

- Provide day-to-day supervision of Business Office personnel and work activities. This includes measuring and monitoring staff daily productivity and accuracy to ensure peak.
- Oversee and streamline billing and collections processes.
- Maintains sufficient flow of work by evaluating office production and proposing revisions to procedures accordingly.
- Assist with development of written policies and procedures that pertain to business office functions. Review and update existing standards, policies, and processes to create an environment of continuous improvement to promote more effective collection.
- Plan and implement quality assurance for all processes.
- Reviews medical and clerical records to insure completeness, accuracy, and timeliness. Assures medical records are in compliance with accrediting agencies regulations.
- Establishes and recommends credit and collection policies.
- Monitor visit charges and ready claims.
- Submits monthly reports in a timely and accurate manner.
- Prepare and analyze reporting data, identifies gaps and areas for improvement; makes appropriate changes to process and policies to address those areas.
- Assist the Practice Manager in evaluating productivity and quality of performance against industry benchmarks.
- Responsible for working collaboratively with all Revenue Cycle functional areas to maximize revenues and identify potential operational process improvement opportunities. Serve as a resource for/with various departments within revenue cycle, operations and field management to ensure smooth process flow, assist with answering questions, provide education as well as investigate and resolve issues as requested.
- Lead the hiring, training, and motivation of employees. Makes effective decisions regarding discipline and changes in employment status.
- Arranges on-the-job training for new employees and cross-training of employees. Train staff on billing requirements for new and established payers.
- Provide leadership and motivation by addressing clear expectations.
- Maintain credentialing with insurance payers and facilitate updates and accounts.
- Work closely with Credentialing Team to ensure accurate billing guidelines and fee schedules are current,

and coordinates with other departments and clinic staff to promote optimum billing and follow-up practices with specific focus on the reduction of AR, Bad Debt and Denial Prevention.

- Work with staff directly to empower and promote creativity and self-development through performance management practices (including but not limited to performance reviews, audits, one-on-one meetings, etc.)
- Possess a good working knowledge of HCPCS, CPT, ICD-9, ICD-10 codes medical terminology and clinical documentation.
- Stays abreast of industry, regulatory, and economic developments that impact the billing department
- Adheres to all Federal and State regulations and guidelines related to HIPAA, OIG, compliance, and medical coding/billing behaviors and practices
- Applies our values in decision-making and interactions with all individuals
- Promotes a positive work environment through effective teamwork
- Collect all employee batches and payments collected.
- Responsible for management of petty cash.
- Assist with daily deposit and balancing to practice management system.
- Other duties, as assigned

KNOWLEDGE, SKILLS, AND ABILITIES

- Ability to plan, organize, prioritize and direct the work of others
- Knowledge of customer service principles and techniques with the ability to communicate calmly and compassionately with patients, clinics, and coworkers.
- Knowledge of computerized practice management systems and common office computer programs: Word, Excel, Internet, etc.
- Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.
- Ability to multitask efficiently as well as organize and prioritize work to support production goals.
- Ability to perform strategic planning and priority setting for a billing department as well as manage multiple projects concurrently
- Knowledge of medical necessity rules, local coverage determination policies, and any other payer specific guidelines
- Advanced working knowledge of billing operations, including charges, coding, payment, insurance claims and appeals, scheduling, and switchboard
- Advanced and current knowledge of CPT, HCPCS and ICD-10-CM coding

EDUCATION/EXPERIENCE REQUIRED

- High School Diploma or GED
- Minimum one year supervisory experience in a medical physician office facility
- Minimum two years in medical practice billing, coding and collections
- Certification through a Professional Coding Program preferred, such as AAPC (American Academy of Professional Coders) or AHIMA (American Health Information Management Association)