



Genevive

Job Description: Revenue Cycle Manager

Job Title: Revenue Cycle Manager

Department: Business Operations

Position Summary: The Revenue Cycle Manager is responsible for overseeing revenue cycle management including coding, billing, collections, and denial management as well as financial reporting within the organization. This position is responsible for ensuring claims, denials, and appeals are efficiently processed, and resolving billing-related issues. The Revenue Cycle Manager will minimize bad debt, improve cash flow, and effectively manage accounts receivables. This role will also manage Provider credentialing. The Revenue Cycle Manager will be the main contact for the Practice Management vendor, Medicare contacts, and Clearing House vendor. They will be responsible for setting the annual practice fee schedule. This position is to stay apprised of coding and revenue trends; and is responsible for coding education to clinical and coding/billing staff. In addition, this position will manage all Revenue Cycle Management staff including billers, coders, team assistants, and the RCM/Admissions supervisor; this will include day to day supervision as well as development opportunities, training, and mentorship.

Supervision Received: Director of Finance

Supervision Exercised: Coders, Billers, Team Assistant, and RCM and Admissions Supervisor

Hours per Pay Period: 80

Classification:

Full-Time
 Part-Time

Exempt
 Non-Exempt

Required Education and Qualifications:

- A bachelor's degree and 3-5 years of related work experience
- Knowledge of third-party payer requirements including federal, state, and private health care plans and authorization process
- Proven experience in healthcare billing, including Medicaid/Medical Assistance
- Knowledge of basic insurance policies, procedures, and reimbursement practices with Medicare coding
- Experience supervising staff
- Prior experience with process development and execution
- Excellent communication and interpersonal skills
- This is a financially sensitive position and is contingent upon clear results of a thorough background screen including: Social Security Verification, Education Verification, and Credit Check

Preferred Education and Qualifications:

- 3 years healthcare experience at the management level
- Certified coder, coding auditor, or coding education experience

Essential Functions:

1. Oversee and manage entire revenue cycle including billing, coding, collections, and denial management
2. Manage relationships with external vendors for practice management software and clearinghouse vendor
3. Communicate professionally with various payers
4. Manage, develop, and mentor all revenue department staff, including billers and coders and RCM/Admissions Supervisor
5. Oversee the admission process and manage the admissions team
6. Responsible for management and maintenance of billing and practice management software platform
7. Provide up to date education for clinical, billing, and coding staff on coding trends
8. Develops, evaluates, implements, and revises policies and procedures related to billing, coding, reimbursement activities and improvement strategies
9. Reconcile all receivables and revenue reports and work closely with the finance department in the development of the monthly financial statements
10. Manage and update the charge master based on the current CMS fee schedule and negotiated contracts
11. Conduct monthly analysis of Medicare/Medicaid/Third Party Payers
12. Oversees the processing of credentialing and provider enrollment applications, initial, and re-enrollment status with all Medicaid, Medicare, and Commercial Payors
13. Responsible for the generation and management of revenue, admissions, and credentialing metric reports
14. Review and resolve issues related to claim generation and rejected/denied billings
15. Commit to highest level of business and patient confidentiality possible adhering to all HIPAA and security guidelines when accessing and sharing patient information
16. Technical expert for AdvancedMD and SignNow
17. Keeps abreast of all reimbursement billing procedures of third party and private insurance payers and government regulations
18. Maintains appropriate internal controls over accounts receivable, RCM process
19. Monitors accounts sent for collection and reimbursements from insurance companies and other third-party payers
20. Reviews, monitors, and evaluates third party reimbursement and researches variances
21. Participates in the development of coding and billing strategies, evaluating process relative to revenue cycle, and making recommendations while ensuring compliance with any relevant rules or regulations (including HIPAA, Medicaid, Medicare, and specific 3rd Party Payors)
22. All other duties as assigned

The demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions.