

**POSITION TITLE: Revenue Cycle Coordinator**

**DEPARTMENT:** Revenue Cycle

**JOB RELATIONSHIPS:**

Supervisor: Director Revenue Cycle

Direct Reports: NONE

**POSITION SUMMARY:**

The Revenue Cycle Coordinator serves in the role of performing and managing tasks resulting from the influx of claims involving Medicaid and their associated Managed Care Organizations, Medicare and their associated Health Maintenance Organizations, and/or other private insurance companies. This person actively participates in the daily completion of billing tasks, while managing growing caseloads with existing resources. The Revenue Cycle Coordinator makes recommendations and assists in the implementation for improving the billing process guidelines and other training tools. This person assists in the discovery of policy changes that impact Prentke Romichs' bottom line, as well as our ability to service our customers. The Revenue Cycle Coordinator is also responsible for generating and analyzing report data to effectively communicate status, concerns and priorities within and outside the department. This person is also responsible for activities, duties, and responsibilities defined in the Revenue cycle Specialists job description.

**Activities, Duties and Responsibilities:**

- I. Provides guidance for the Revenue Cycle staff.
  - A. Optimizes productivity within billing by helping to establish goals that best utilize personnel and by encouraging communications and motivating the staff.
    1. Monitors tasks within the billing process (BT, OnBase) to determine if an alternative workflow could improve efficiency. Makes recommendations for changes.
    2. Ensures that billing staff is trained in all billing duties to ensure completion of responsibilities within corporate guidelines and to maintaining knowledge of each task.
    3. Authors procedures for BT, OnBase and **ISO** functions pertinent to billing functions and trains employees on new or changed procedures.
  - B. Examines specific functions to widen opportunity for accelerated billing and improved flow.
    1. Assists in the management of BT, OnBase data entry for Prentke Romich.
      - a. Assists in managing and ensuring orders are billed within 48 hours of shipment.
      - b. Assists in managing claim follow-ups to reduce outstanding Accounts Receivable.

- c. Develops methods to adapt antiquated programs to our evolving work environment.

#### Third Party Claims Processing

- A) Verifies all of the information for claims billing is correct in Brightree (BT) and OnBase databases. Contacts the appropriate person to obtain missing or unclear billing information. Documents all tasks in BT, OnBase notes/history.
- B) Reviews all funding invoices to determine the correct billing method. Completes claim form through Brightree (BT) database, or internet web site (if required) ensuring that all fields required by the third party in question are complete and accurate. Attaches required documentation for payment.
- C) Follows up by phone on all unpaid and denied claims through activities in BT. Determines next course of action, which may require rebilling missing claims, denied claims OR sending additional information on pending claims.
- D) Handles third party customer questions, complaints, and problems once an order has been invoiced. Completes all necessary follow-up in a timely manner so the payment process will not be delayed. Must stay current on follow ups, so billing deadlines are not missed.
- E) Respond to and interact with customers concerning all aspects of billing through phone, e-mail or regular mail in a prompt and courteous manner.
- F) Relays changes in Medicaid, MCO, Medicare, HMO regulations discovered by claim denials to all pertinent personnel including Funding team representatives.
  - (1) Discusses issues identified at the claims portion of the funding process that would affect the prior authorization portion with the Funding Specialist. Schedules a 15 minute meeting between yourself and the specialist who handled the claim if the claim is denied and it is due to new insurance coming to light
  - (2) Brings changes needed on a Prior Authorization before a claim can be processed to the attention of the Funding Specialist that originally processed the Prior Authorization form.

#### Other Duties/Responsibilities:

- A) Relays updated information regarding state, federal or private insurance policy changes to the department and coordinates with the Contract Specialist team.
- B) Maintains confidentiality outlined in privacy portion of the federal Health Information Privacy and Portability Act of 1996.
- C) Other duties/projects assigned by the Managing Supervisor.

#### SKILLS REQUIRED:

1. Possesses the ability to work in a constantly changing environment, good judgment skills, and capable of making decisions with attention to detail.
2. Must have excellent organizational skills and ability to prioritize and coordinate workload with high degree of proficiency and accuracy.
3. Must have excellent analytical and problem solving skills.
4. Ability to work easily and cooperatively with other departments.

5. Ability to work independently and follow through on tasks without direct supervision.
6. Ability to work well under pressure in a flexible, diplomatic and expeditious manner.
7. Maintains strict confidentiality of patients' medical records and adherence to all HIPAA and ACHC policies and regulations.
8. Must be extremely accurate with attention to details, policies, and procedures.
9. Excellent and accurate calculator, and computer skills. Including the ability to use, Microsoft Excel, Microsoft Word, E-Mail.
10. Good overall knowledge of PRC departments and their functions.

#### **KNOWLEDGE REQUIRED:**

1. Associate Degree with a Health Care or Medical Coding & Billing curriculum and 3 years work related experience or equivalent work related education/experience.
2. Excellent communication skills both verbal and written
3. Medical billing experience is desirable.
4. Must have excellent computer knowledge and accurate keyboard skills.

#### **Span of Control:**

This position is responsible for key revenue cycle generation processes that have an impact on the company's cash flow including but not limited to establishing hard-copy, and computerized files, entering third-party billing information and subsequent medical billings and ensuring claims are billed promptly and without error. The Revenue Cycle Coordinator assists in the coordination of efforts between billing and funding, they generate reports and complete analytics of the report data to identify successes, concerns, and areas for improvements.

#### **COMMUNICATION REQUIREMENTS:**

This position requires frequent to extensive contact with individuals both inside and outside the company. Due to the nature of the contacts (including phone calls to insurance companies, Medicaid offices, Medicare regions and families with insurance payments) this position requires extreme tact. Must maintain the highest level confidentiality. They may need to influence, calm, diffuse, and persuade a customer through their conversation.

#### **PHYSICAL AND ENVIRONMENTAL REQUIREMENTS:**

- Stooping. Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full motion of the lower extremities and back muscles.
- Kneeling. Bending legs at knee to come to a rest on knee or knees.
- Crouching. Bending the body downward and forward by bending leg and spine.
- Reaching. Extending hand(s) and arm(s) in any direction.
- Walking. Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.
- Pushing. Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.

- Pulling. Using upper extremities to exert force in order to drag, haul or tug objects in a sustained motion.
- Lifting. Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires substantial use of upper extremities and back muscles.
- Fingering. Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand as in handling.
- Grasping. Applying pressure to an object with the fingers and palm
- Talking. Expressing or exchanging ideas by means of spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
- Hearing. Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discriminations in sound.
- Repetitive motion. Substantial movements (motions) of the wrists, hands, and/or fingers
- Light work. Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for light work.
- The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading; visual inspection involving small defects, small parts, and/or operation of machines (including inspection); using measurement devices; and/or assembly or fabrication parts at distances close to the eyes.
- The worker is not substantially exposed to adverse environmental conditions.

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