

Job Description

Job title: Manager, Care Management Business Operations
Reporting to: Director, Clinical Services
Department: Care Management
Hours: Full-time Exempt
Revision Date: 4/17/17

Purpose of the position

The Manager for Business Operations is responsible for the business operations of the Care Management Department, including overseeing patient benefits and eligibility verification, referral processing, scheduling, claims submission, accounts receivable, and management reporting. The Business Manager works closely with the Clinical Staff Operations Manager and Care Management Programs Manager, under the oversight of the Director of Clinical Services to ensure that Departmental goals with respect to productivity, revenue and other outcomes are met. The Business Manager provides leadership in a matrix organization, maintaining strong and productive relationships with the Chief Medical Officer, the Clinical Medical Director and the Clinical Staff Operations Manager for Care Management.

Responsibilities & duties

- Recruits, trains, and supervises billers, schedulers and outreach coordinators and other assigned staff so that they can successfully accomplish their responsibilities to support the administrative functions to support the clinical team and programs.
- Supervises daily work of administrative and billing staff
- Ensures patient outreach consistent with client and business objectives
- Establishes scheduling systems in collaboration with the Staffing Manager
- Manages systems to verify benefits and eligibility to minimize bad debts
- Supervises the accuracy of diagnosis coding and billing related to claims submission, the fundamental step in the revenue cycle process for the Care Management Department.
- Monitors billing process in EMR by tracking activity; resolving problems; recommending actions.
- Counsels and educates clinical staff on billing compliance to ensure accurate and timely submissions of claims to maintain program integrity.
- Conducts prospective and retrospective audits on claims, develops education and train staff on identified compliance and coding issues.
- Oversees processing of referrals for care management services, including determination of eligibility, scheduling patients, communication to care managers and primary care practices.
- Provides daily oversight of hospital and skilled nursing facility admission and discharge (ADT) feed. Ensures that ADT data is shared with clinical team in timely and actionable manner. Monitors and reports ADT outcomes.

- Identifies revenue capture opportunities through understanding of health plan contracts, diagnosis and procedure coding and billing guidelines
- Processes invoices timely and accurately
- Works accounts receivable to within budgeted standards for contractual allowances and bad debts
- Monitors the accuracy and completeness of medical records
- Ensures consistent adherence to corporate policies and procedures
- Collects and reports key performance indicators related to billing, scheduling, referral process, managing denials; implements corrective action plans to improve performance as required
- Develops and maintains positive and productive relationships with health plans and client practices
- Stays current with health plan billing guidelines and changes and adjusts processes as needed to meet criteria
- Completes special projects as required

Qualifications

- 5 or more years' experience in medical office management including billing and front office operations
- Bachelor's degree in business or health care preferred
- Medical billing certification and experience preferred
- Knowledge of Medical Terminology, CPT, and ICD-10
- Advanced EMR skills
- Intermediate skills with spreadsheet and database software
- Broad related experience as evidenced by:
 - Past use of multiple electronic medical records applications
 - Use of health information exchanges for case summaries or direct messaging
 - Past work in home health care or care management
 - Billing for transition of care management, continuity of care management and annual wellness visit services
 - Participation in relevant programs (e.g., HICM, PDCM, Priority Health PIP, CPC+, PGIP, PCMH)
- Customer service training
- Valid driver's license and reliable transportation

Performance Skills

- Seeks to understand and articulate the values and interests of all internal and external parties
- Identifies priorities and stay on schedule, and help clients do the same
- Demonstrates relentless and unjustified optimism
- Motivates others in a matrixed organization without direct authority
- Applies analytic skills to effectively, promptly, and accurately diagnosis performance challenges, design options for remediation, and then select and implement appropriate solutions
- Manages multiple and conflicting priorities

- Able to resolve customer inquiries and complaints in a timely manner and consistent with corporate policy
- Creates a sense of engagement and commitment in all employees
- Pays attention to detail
- Quickly identifies issue or problems that affect other departments, informs such departments, and works collaboratively to resolve issues in a respectful manner

Disclaimer

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.