

Position Title: Revenue Cycle Manager

Reports to: COO

The **Revenue Cycle Manager** is responsible to oversee the accounts receivables processing. Position bills Medicaid, Medicare and Managed Care insurance, monitors billing and collections activities, ensures proper accounting procedures and controls are in place, analyzes collections, assesses bad debt reserves, reviews and recommends write-offs, ensures timely closing at month end, and ensures compliance with federal and state regulations. Primary responsibility is to maximize financial outcomes for the company and patients by mitigating any compliance risk through research, collaboration, standardized business processes and communication. The position directly manages department staff, department performance and all functions of billing and collections. M-F Blue Bell Corporate office.

Operations

- Ensure adherence to Payer contractual requirements
- Ensure adherence to Medicare and other government program policies and requirements
- Ensure adherence to Corporate compliance plan
- Ensure a scalable department structure that effectively supports the organization's business needs and growth plan: interviews, training, engagement, performance management, coaching, compliance, standard procedures, department coverage, etc.
- Manage key performance indicators such as: DSO, Aged Cash Collections, Accounts Receivable Aging, Collection Rate, Adjustments, Write-offs
- Participate in RCM strategic planning, strategy execution, and implementation of standardized processes and procedures to produce predictable high-quality financial outcomes
- Monitor Electronic Data Interchange; collaborate with technical (IT) teams to ensure availability and accuracy of electronic transactions
- Top level escalation support for both patient and payer billing issues

Revenue Cycle Management:

- Manage department workload and growth; monitor via metrics for all members
- Regularly review posting, AR, and reporting to identify and address issues with training, protocol, policy, EDI, etc.
- Oversee patient collection, customer service and patient posting
- Manage statement processing and refund processing in conjunction with Finance Department
- Oversee accounts receivable; monitors unworked follow up claims
- Manage AR reporting within the acceptable range
- Oversee patient payments
- Provide response to payor audits, including redetermination, reconsideration and ALJ
- Analyze and address negative trends in the billing system
- Review, revise (as necessary) and maintain payment and AR policies and manuals

Experience

- Minimum 6-8 years billing, collections (payments management, AR) and customer service experience required
- Healthcare Business Office Management experience required
- Third party billing and collections management in a decentralized billing environment required
- Working knowledge of CPT, HCPCS, and ICD-10 coding

- Working knowledge of Brightree billing system
- Working knowledge of electronic transactions i.e., 835, 271, HCFA-1500 and 277CA
- Knowledge and understanding of how for-profit medical practices run
- Proficient computer skills; Microsoft Office Suite, web-based programs

Education

Associates/Bachelors Business, Healthcare Administration or related field strongly preferred

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