



JOB POSTING

TITLE: MEDICAL BILLING MANAGER
REPORTS TO: CHIEF FINANCIAL OFFICER (CFO)
LOCATION: ANTIOCH, CA
STATUS: FULL-TIME/NON-EXEMPT
PAY: \$65,000 - \$70,000.00/YEAR

OUR MISSION & VISION

The Brighter Beginnings mission to “*support healthy births and successful development of children by partnering with parents and helping to build strong communities*“, gains its strength and aspiration from our core belief and vision that, “*Every family matters, and every child deserves a happy, healthy future.*”

OUR HISTORY

Brighter Beginnings is a 501c3 nonprofit organization and has been responding to the needs of families in resource-poor neighborhoods since 1984 when our work began in response to the alarming differences in mortality and illness rates among African American babies compared to other children.

Brighter Beginnings has grown into a respected and well-connected organization with locations in Oakland, Richmond, Bay Point, and Antioch. We have a multi-cultural, bi-lingual staff of passionate and committed family-service professionals; in fact, many of our staff came to this work because of the challenges they faced in their own families.

POSITION SUMMARY

Brighter Beginnings Family Health Clinics is seeking a Billing Manager. The Billing Manager is responsible for planning, oversight and coordinating Brighter Beginnings Family Health Clinic’s reimbursement strategy as well as fostering collaborative interdepartmental relationships and system maintenance. The Manager oversees revenue cycle operations by providing guidance and support to the staff supporting, including but not limited to eligibility & enrollment, billing, collections and financial planning for patients. This position requires the ability to analyze & present data in a clear and concise manner and works closely with the CFO to achieve metrics toward becoming a best-in-class health center.

RESPONSIBILITIES:

1. Manages and oversees Patient Financial Services functions.
2. Develops and maintains department budget.
3. Identifies and collaborates with executive leadership to facilitate and maintain internal and external reporting requirements.
4. Identifies, implements, and monitors Key Performance Indicators (KPI’s).
5. Collaborates with clinical operations and others, as appropriate, to reduce preventable operational errors, minimize denials, and improve the patient experience.
6. Collaborate with clinical operations and finance to safeguard the security of cash payments and collection of patient accounts.
7. Reviews, approves and communicates department related expenses and patient & insurance refunds.
8. Ensures the activities of the billing operations are conducted in a manner that is consistent with the overall department protocol and are in compliance with federal, state and payor regulations, guidelines, and requirements in an effort to prevent and identify Fraud & Abuse. Reviews and interprets operational data to assess the need for procedural revisions and enhancements related to such.
9. Analyzes data trends affecting charges, coding, collection, accounts receivable and write-offs and takes appropriate action.
10. Participates in organizational strategic planning activities to ensure the delivery of comprehensive and coordinated health services; serves on committees and task forces to address specific issues and represent the department.

11. Attends educational meetings & conferences to remain current pertaining to federal, state, and other trusted sources as it applies to Revenue Cycle (specifically FQHCs).
12. Develops, maintains, and enforces departmental policies, procedure, and work practices to ensure maximum accuracy of patient demographic, financial and insurance data.
13. Assures maximization of revenue, accuracy of PHI, billing system integrity, signature authority, codes, and insurance status within the framework of what is legal and in compliance with federal, state, and other rules & regulations.
14. Works with Finance to assure accurate and timely recording & reconciliation of patient revenue and collections.
15. Formulates systematic retention, protection, transfer, and disposal of billing records.
16. Oversee the Enrollment Specialists and other administrative staff as needed.
17. Coordinates with the IT department and software vendors to monitor and ensure the integrity of the data within the practice management system as well as facilitates timely maintenance for upgrades or changes. Manages the EPM (Practice Management) side of the Billing systems.
18. Works on process improvement of billing functions using resource sharing and input from sister network FQHCs.
19. Other duties as assigned.

QUALIFICATIONS:

1. Ability to effectively supervise staff, encourage and nurture development and growth, to build a strong and productive team.
2. Strong organizational, administrative, and problem-solving skills, and ability to be flexible and adaptive to change.
3. Strong ability to work independently and make sound judgments within established guidelines; establish and maintain effective working relationships with staff, clinical providers, managers and external agencies and/or organizations.
4. Ability to effectively present information to others, including other employees, community partners and vendors.
5. Excellent interpersonal, verbal, and written skills.
6. Commitment to the provision of primary care services for the underserved with demonstrated ability and sensitivity in working with a variety of people from low-income populations with diverse educational, lifestyle, ethnic and cultural origins.

JOB REQUIREMENTS:

1. Certified Coder
2. Three to Five years of experience with essential duties above.
3. Current knowledge of FQHC/medical office practices, procedures and billing program and Compliance and Fraud & Abuse rules as related to billing and collecting with Federal, State, and third-party payers.
4. Three to five years of supervisory experience.
5. Proficient in Microsoft Office - Word, Excel, Outlook.

JOB PREFERENCES:

1. Community Healthcare.
2. E-ClinicalWorks (eCW), Dentrix.
3. Bachelor's Degree in related field or equivalent combination of education and/or experience preferred, but not required.

BENEFITS

Competitive wages, friendly environment, two weeks of vacation (increase after 1 year of employment), 13 paid holidays; sick leave; employer-paid health, dental, vision, life and disability insurance; optional employee-paid dependent health coverage available, 403b retirement account with matching, FSA, Transit Benefit and EAP. Employees working full-time will receive these benefits.

APPLY

If you're interested in this position, please email resume to jobs@brighter-beginnings.org or apply on indeed. Please make sure to subject the email with the position title that you are applying for.