



CLASS SPECIFICATION

Class Code: 18825
Date Est: 10/2020
Last Rev:
Last Title Chg:
FLSA:
Probation: 12 months

CLINIC OFFICE SUPERVISOR

DEFINITION

Under general supervision, oversees the revenue cycle process of the Community and Clinical Health Services division of the Washoe County Health District; and performs related work as required.

EXPERIENCE AND TRAINING REQUIREMENTS

Graduation from high school or possession of a General Education Development (G.E.D.) certificate AND five years of full-time medical billing experience, which includes proficiency working in electronic health record systems, CPT and ICD-10 coding, posting payments, and clinic billing; OR an equivalent combination of relevant training and experience.

LICENSE OR CERTIFICATE

A driver's license may be required at the time of appointment.

SUPERVISION EXERCISED

Exercises direct supervision.

EXAMPLES OF DUTIES *(The following is used as a partial description and is not restrictive as to duties required.)*

Oversee and manage the revenue cycle process and complex billing functions to include billables, receivables, financial audits, refunds, and overpayments; ensure adherence and compliance with contracts and insurance standards.

Supervise assigned staff, which includes staff selection; assigning, scheduling, and reviewing work; providing training in proper work methods and procedures; providing professional development, coaching, and mentoring; writing performance evaluations; and implementing discipline and conflict resolution procedures when necessary.

Provide guidance to the division for best practices on medical claim billing; identify issues with system capabilities and develop and implement solutions.

Analyze the division's revenue activities and trends in comparison to service standards and best practices; complete audits on all aspects of revenue cycle management; analyze data and identify opportunities for improvement.

Initiate, secure, renegotiate, and manage contracts, agreements, and credentialing with insurance companies and medical providers; ensure compliance with County departments' policies and relevant local, state, and federal guidelines.

Ensure appropriate contract language relative to the complex nature of medical billing, including pass-through billing; ensure the division is in compliance by adhering to applicable policies and procedures.

Coordinate and oversee assigned services and activities with other programs, divisions, departments, outside agencies/organizations, and others to ensure compliance with relevant local, state, and federal guidelines.

Serve as the subject matter expert in electronic health record systems and provide a leadership role in working with insurance companies, applicable portals, and automatic electronic communications.

Provide staff support to division/department including coordination and organization of services and activities; provide recommendations for organizational or procedural changes affecting division, work methods, techniques, systems and equipment; develop, implement, and interpret operating policies and procedures to assist in the installation of new and revised operating methods and procedures.

Ensure that assigned personnel perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the-job injury.

JOB RELATED AND ESSENTIAL QUALIFICATIONS

Full Performance *(These may be acquired on the job and are needed to perform the work assigned.)*

Knowledge of:

Departmental/divisional practices, policies, and procedures.

Countywide personnel policies and procedures.

Electronic health record system used by department.

Terminology, acronyms, laws, rules, and regulations pertinent to assigned department.

Management information systems and software specific to assigned responsibilities.

Ability to:

Select, supervise, develop and evaluate the performance of assigned staff.

Effectively represent the programs, operations and functions of Community and Clinical Health Services to the public, community organizations, and other agencies.

Recognize work methods and procedures that promote a safe working environment for employees and others and to train staff accordingly.

Entry Level *(Applicants will be screened for possession of these through written, oral, performance, or other evaluation methods.)*

Knowledge of:

Revenue and reimbursement processing, including billing, third party payers, and appeal processes.

ICD-10, HCPCS, and CPT coding.

Medical terminology and coding requirements.

Principles of general office management, supervision, and training.

Electronic health record systems.

Microsoft Word, Excel, and Outlook.

Ability to:

Read, interpret, and analyze contracts, agreements, and a variety of other technical documents.

Read, interpret, apply, and explain pertinent laws, statutes, codes, regulations, and standards including administrative and departmental policies and procedures.

Accurately analyze data and develop and implement appropriate recommendations.

Evaluate work priorities, procedures, and processes to determine their effectiveness and efficiency.

Act with honesty and integrity; exercise appropriate discretion and maintain confidentiality of information; adhere to all HIPAA guidelines and regulations.

Prepare clear, concise, and accurate records and reports.

Communicate effectively, both orally and in writing.

Establish, foster and maintain effective and collaborative working relationships with all those contacted in the course of work.

SPECIAL REQUIREMENTS *(Essential duties require the following physical skills and work environment.)*

Ability to work in a standard office environment and/or clinic environment. Ability to lift and move objects weighing up to 25 lbs. Ability to use standard office equipment including computers, copiers, telephones and FAX machines.

This class specification is used for classification, recruitment and examination purposes. It is not to be considered a substitute for work performance standards.