University of Rhode Island Job Description

Position Description

TITLE: Coordinator, Medical Billing and Insurance

DIVISION: Student Affairs - (Health Services)

REPORTS TO: Associate Director, Health Services

GRADE: 11

SUPERVISES: Senior Reconciliation Clerk, Medical Records Coder/Abstractor, Fiscal Clerk, Student Employees, Internal Payroll Employees

BASIC FUNCTION:

Supervise all medical insurance, billing, employees and services within Health Services. Perform all management level functions in a responsible nature.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Direct and coordinate the overall functions of the medical billing, coding and insurance office to ensure maximization of cash flow, while improving patient, physician and other customer relations.

Oversee day-to-day operations, staffing, scheduling and supervision of the billing/insurance staff.

Serve on the Leadership team and oversee the development and implementation of policies, procedures and practices pertaining to billing, coding and insurance office.

Provide leadership, direction and training to the billing/insurance staff.

Complete school insurance Request for Proposal (RFP), evaluation tool and selection of insurance vendor and reconciliation of the insurance process on a monthly, semi-annual and annual basis.
Coordinator, Medical Billing and Insurance (PSA – Class Code 1210)  
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Ensure activities of the billing, coding and insurance operations are conducted in a manner consistent with overall department protocol, and are in compliance with federal, state and payer regulations, guidelines and requirements.

Oversee the operations of the billing and insurance department, including, but not limited to: medical coding, charge entry, claims submission, payment posting, accounts receivable follow up, claims analysis and contract maintenance.

In collaboration with the Associate Director, serve as the department expert and main contact person for all billing, coding and insurance issues.

Keep apprised of current coding, billing and insurance regulations and communicate and educate internal and external staff regarding same.

Ensure provider credentialing with third party payors.

OTHER DUTIES AND RESPONSIBILITIES

Prepares and analyzes accounts receivable reports weekly and monthly financial reports and insurance contracts.

Other duties as required as a member of the Health Services leadership team

LICENSES, TOOLS AND EQUIPMENT:

Computers, printers, scanners, fax machines, copiers, telephones and calculators. Microsoft Office Suite (Word, Excel, Access, PowerPoint, Outlook.) Electronic Health Record (EHR), Policy Medical.

ENVIRONMENTAL CONDITIONS:

This position is not substantially exposed to adverse environmental conditions.
Qualifications

REQUIRED: Bachelor’s degree in business, accounting, finance or related field; Minimum of five years’ experience in medical/healthcare billing and collections; Demonstrated understanding of insurance billing rules and regulations; Demonstrated supervisory experience; Demonstrated experience in policy and procedure development; Demonstrated experience in performance reviews; Demonstrated leadership skills; Demonstrated ability to produce and present detailed billing activity reports; Demonstrated time management and organizational skills in a multiple priority environment; Demonstrated strong interpersonal and verbal communications skills; Demonstrated strong written communications skills; Demonstrated ability to work with diverse groups/populations; Demonstrated negotiation skills; and, Demonstrated experience with Microsoft Office (Excel, Word, PowerPoint, and Publisher.)

PREFERRED: Demonstrated experience with Electronic Health Records (EHR); Demonstrated process improvement and problem solving; Demonstrated HIPAA training experience; and Demonstrated coding certification from either American Association of Professional Coders or American Health Information Management Association.

ALL REQUIREMENTS ARE SUBJECT TO POSSIBLE MODIFICATION TO REASONABLE ACCOMMODATE INDIVIDUALS WITH DISABILITIES