AUBURN
Human Resources

Supv, Medical Billing & Coding, AUHSC

Job Description

JOB INFORMATION

Job Code	DB43
Job Description Title	Supv, Medical Billing & Coding, AUHSC
Pay Grade	AS11
Range Minimum	$49,200
33rd %	$60,680
Range Midpoint	$66,420
67th %	$72,160
Range Maximum	$83,640
Exemption Status	Non-Exempt
Approved Date:	10/31/2024 9:42:17 AM

JOB FAMILY AND FUNCTION

Job Family:	Administration & Operational Support
Job Function:	Operational Support

JOB SUMMARY

The Supervisor of Medical Billing and Coding in the Auburn University Speech and Hearing Clinic (AUSHC) is responsible for the revenue cycle of the practice, including claim submission, payments, and accounts receivable/payable for patients, vendors, and third-party payers. Coordinates the provider's credentialing process as it relates to enrollment with contracted insurance payers.

RESPONSIBILITIES

- Oversees all patient billing and fees including, but not limited to, coordinating billing procedures, coding and data entry, auditing medical records, maintaining patient billing records and billing all patient fees, reviewing denials and claims, reviewing past due account balances and implementing action to be taken, compiling yearly reports as needed, and monitoring timelines and obtaining paperwork for recertifications and authorizations.
- Gathers, verifies, and evaluates healthcare provider’s credentials for initial credentialing and re-credentialing, provider’s file maintenance and enrollment with contracted insurance payers in accordance with company policies and procedures and state and federal regulations.
- Serves as the superuser for the OptumPay payment service which receives payments for AU Clinical Health Services, Plainsman Park: Strength and Rehabilitation Center and AUSHC; communicates daily with Student Business & Account Services regarding payments and deposits. Ensures correct payment and deposits.
- Maintains the EMR system, including adding and removing students, providers, and employees; Updates administrative modules and creates templates for clinical use; maintains patient portal via this software.
- Oversees and maintains the invoices for the Audiology program including the reconciliation of purchases, credits, and payments.
- Performs a wide variety of administrative tasks to include, but not limited to budget tracking and coordination for clinic/office, purchasing supplies and equipment, serving as the outside point of contact for clinic/office, and reconciles monthly clinic purchases.
- May provide input on performance reviews for front office employees.

The responsibilities listed above show the typical duties for jobs in this classification. Actual tasks may differ depending on the department's needs. Other similar duties may be assigned with discretion of the supervisor. Not every duty will apply to every position, and the amount of time spent on each task can change based on department needs.

SUPERVISORY RESPONSIBILITIES

Supervisory Responsibility	May be responsible for training, assisting or assigning tasks to others. May provide input to performance reviews of other employees.

MINIMUM QUALIFICATIONS

To be eligible, an individual must meet all minimum requirements which are representative of the knowledge, skills, and abilities typically expected to be successful in the role. For education and experience, minimum requirements are listed on the top row below. If substitutions are available, they will be listed on subsequent rows and may only to be utilized when the candidate does not meet the minimum requirements.

MINIMUM EDUCATION & EXPERIENCE

Education Level	Focus of Education		Years of Experience	Focus of Experience	
Bachelor's Degree	Health Services Administration or related field.	and	5 years of	experience in coding and billing in a medical setting.	Or
High School Diploma or GED		and	7 years of	experience in coding and billing in a medical setting.	

MINIMUM KNOWLEDGE, SKILLS, & ABILITIES

Knowledge of coding and billing entry in a medical clinic, HIPAA, FERPA, coding and billing policies and procedures for different providers.	
Knowledge of ICD-10-CM and CPT coding guidelines; medical terminology; and state and federal Medicare reimbursement guidelines.	
Ability to research and analyze data, draw conclusions, and resolve issues; read, interpret, and apply policies, procedures, laws, and regulations.	
Knowledge of revenue cycle management process that starts with patient scheduling and ends with payment reconciliation (patient registration, insurance verification, medical billing and coding processes, and research and documentation).	

MINIMUM LICENSES & CERTIFICATIONS

Licenses/Certifications	Licenses/Certification Details	Time Frame	Required/ Desired	
	Certified Professional Medical Biller	within 1 Year	Required	
	Certified Professional Medical Coder	within 1 Year	Required	

PHYSICAL DEMANDS & WORKING CONDITIONS

Physical Demands Category:	Other

PHYSICAL DEMANDS

Physical Demand	Never	Rarely	Occasionally	Frequently	Constantly	Weight
Standing			X			
Walking			X			
Sitting				X		
Lifting	X					
Climbing		X				
Stooping/ Kneeling/ Crouching		X				
Reaching			X			
Talking					X	
Hearing					X	
Repetitive Motions					X	
Eye/Hand/Foot Coordination					X	

WORKING ENVIRONMENT

Working Condition	Never	Rarely	Occasionally	Frequently	Constantly
Extreme cold		X			
Extreme heat		X			
Humidity		X			
Wet		X			
Noise		X			
Hazards		X			
Temperature Change		X			
Atmospheric Conditions		X			
Vibration		X			

Vision Requirements:
Ability to see information in print and/or electronically.