



Position: Billing Manager
Program: Health and Mental Health Services
Department: Health and Mental Health Services
Reports to: Sr. Finance Manager – Healthcare Programs
Compensation: \$65-80K DOE
Status: 100%; Full-Time; Exempt
Probation: 180 days
Benefits: Medical, Dental, Vision, Life Insurance; also including Long Term Disability, an Employee Assistance Program and a 403 B Retirement Plan

JOB SUMMARY: The Billing Manager is directly responsible for working with the Sr. Finance Manager and operational staff to monitor and manage aspects of the revenue lifecycle for Health and Mental Health Services (HMHS) including but not limited to; charge entry, eligibility process, adjustments, cash applications, claim preparation, payment posting, adjustment posting and refunds using electronic systems (EHR, Practice Management System, Claims System, Automated Eligibility, payment clearinghouse, Revenue Cycle Management Reporting).

ESSENTIAL FUNCTIONS:

- 1) Management and direct supervision of billing office staff;
- 2) Manage all aspects of the billing process from timely electronic and manual submission of charges to monitoring of collection activities through charge write-off;
- 3) Responsible for recruiting, selecting, developing, mentoring and coaching staff and inspiring and motivating individual and team performance;
- 4) Maintain an understanding of current state-of-the-art procedures in medical practice billing;
- 5) Develop office procedures, reference materials, and training programs for staff members;
- 6) Develop and implement operational strategic plans and quality management initiatives for billing office functions using existing resources;
- 7) Develop and analyze reports that will be used to inform the decision-making process of the HMHS management;
- 8) Create and implement written procedures to be followed in the performance of all billing and collection processes;
- 9) Develop and implement continuing training programs for staff members covering such topics as insurance billing procedures, and appropriate use of current CPT and ICD-10 codes. Determine if accounts are billed properly, and that all payments and adjustments have been applied correctly;
- 10) Monitor and proactively address deficiencies in the revenue cycle;
- 11) Develop denial management reports and workflow to maximize revenue and reduce account receivables;
- 12) Collaborate with operations staff on process improvement and data quality initiatives to reduce denials and improve A/R;
- 13) Manage third-party insurance relationships and interactions to reduce denials and improve A/R;
- 14) Perform monthly close and prepare accruals for finance and actual revenue received for department management;
- 15) Participates with Health Information Systems to integrate processes to improve effectiveness and efficiency of customer account process;
- 16) Develops and implements procedures for effective control of discounts and write-offs;
- 17) Develop and implement internal billing auditing processes;
- 18) Act as a resource to staff and other business units for issues, policies and procedures related to billing operations;
- 19) Other duties as assigned.

Page 1 of 2 – See page 2 for Job Qualifications and Experience

E-mail cover letter and resume as an attachment to jobs@lalgbtcenter.org

website: www.lalgbtcenter.org

Or submit a cover letter with application/resume to:

Los Angeles LGBT Center, Human Resources Dept., 1625 N. Schrader Blvd., Los Angeles, CA 90028

The Los Angeles LGBT Center is an Equal Opportunity Employer and is committed to fostering diversity within its staff. Applications are encouraged from all persons regardless of their race, color, ancestry, religious creed, national origin, sex, sexual orientation, gender identity, gender expression, medical/physical/mental condition, pregnancy/childbirth and related medical condition, age, marital status, or veteran status.



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JOB QUALIFICATIONS AND EXPERIENCE:

- 1) Knowledge of or experience working with the LGBTQ community and familiarity with issues of particular relevance to LGBTQ people;
- 2) A passion for the Center's work and its mission to make the world a better place for LGBTQ people;
- 3) Candidates must possess a solid, proven background in aspects of medical revenue cycle management.
- 4) Thorough knowledge of Federally Qualified Healthcare Center billing practices, including various insurance billing & collection requirements (HMO, PPO, Medicare, Medi-Cal and others.)
- 5) Candidate must be proficient with Microsoft office products. Advanced Excel skills.
- 6) Demonstrated leadership/management.
- 7) Knowledge of ICD-10, HCPCS and CPT Coding.
- 8) Excellent communication and presentation skills, Strong reporting and analysis skills.
- 9) A proven ability to work effectively with clients and senior management.
- 10) 340B Drug Reimbursement Program, Allscripts and/or Payor Path experience a plus.
- 11) Minimum of 5 years of billing management experience or equivalent education at a mid-sized medical outpatient practice using an electronic Practice Management System.
- 12) AAPC Certified Professional Coder (CPC) preferred.
- 13) Demonstrated ability to work effectively with people of diverse races, ethnicities, nationalities, sexual orientations, gender identities, gender expression, socio-economic backgrounds, religions, ages, English-speaking abilities, immigration statuses, and physical abilities in a multicultural environment.

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