



## **POSITION DESCRIPTION**

### **Revenue Cycle Patient Finance Supervisor**

Reports to: Revenue Cycle Director      Position Status: Exempt

Supervises: Financial Case Managers,    Effective Date: 10/1/23  
Registration and Insurance Coordinators

#### **GENERAL SUMMARY**

The Revenue Cycle Patient Finance Supervisor reports to the Revenue Cycle Director and is responsible for a variety of functions related to the general operations of the revenue cycle, including but not limited to, coordinating day-to-day revenue cycle activities of department personnel. Serves as a liaison with patients and insurance carriers (both governmental and non-governmental), eligibility and verification of benefits and insurance, authorization requests, and resolving insurance related issues. The Revenue Cycle Patient Finance Supervisor ensures that the level of service provided by the department is appropriate to the needs of the organization and its patients. They plan, organize, implement, and control results in a timely manner. The position is responsible for supervising key staff.

Ensures that patient revenue cycle and the processing of authorizations, eligibility and verification of benefits and insurance are consistently completed in a timely manner and in accordance with policy. This role will minimize bad debt, improve cash flow, and effectively manage accounts receivables.

#### **DUTIES AND RESPONSIBILITIES**

1. Plans Patient Finance activities with the Revenue Cycle Director and establishes procedures and priorities to implement and maintain approved plans.
2. Provides consistent performance management of Patient Finance team members: Financial Case Managers and Registration and Insurance Coordinators activities. Establishes Key Performance Indicators and reports progress weekly to Revenue Cycle Director and teams.
3. Represents the Revenue Cycle and participates in ad hoc, standing, and other committees.
4. Responsible for overseeing New Admissions, visitors, transients,

and existing patients, as it relates to eligibility and registration of patient accounts and ensuring accuracy and timeliness.

5. Responsible for ensuring the timeliness of terminated policies and corrections of changes in coverage and maintaining Registration.
6. Develops processes to ensure timely registration updates, accuracy of authorizations received, and follow-up until accounts are completely resolved.
7. Directs the day-to-day activities of the billing system. This includes coordinating follow-up on past due accounts and performing liaison and problem-solver assignments with other departments and outside organizations.
8. Ensures that daily Patient Finance activities are completed and provides management oversight on Financial Case Managers caseloads, assignments, and ensures that any accounts are resolved in a timely manner.
9. Works closely with in-house Admitting team personnel to respond timely to New Admission, visiting, transient requests. Works closely with clinic teammates to process demographic and address updates in billing system. Works closely with teams at NKC to maintain accurate and timely patient registration in billing system.
10. Manages month-end revenue close processes including ensuring authorizations are added in time for monthly billing.
11. Supervises the Patient Finance teams who are responsible for managing caseload to ensure that funding is in place for all assigned dialysis and transplant patients. Financial case managers also conduct initial and ongoing patient financial interviews to assess funding needs and to counsel patients and families on funding options, as necessary. Monitors ongoing patient funding status and intervenes as appropriate to counsel and assist each patient when changes to funding sources are required. Files appeal to federal, state, or private insurance agencies as appropriate, and participate in fair hearings as required and in accordance with NKC policy. Follows established NKC Patient Finance policies and actively works to assist patients and members of the NKC staff. The Patient Finance Supervisor oversees these activities and ensures accurate policies and procedures are followed.
12. Runs management reports such as Lab Check report weekly and resolves any insurance issues, monthly Ability insurance verification report and research/resolve any insurance issues, Medicare/Insurance / Medicaid/ KDP pending reports and distributes to teams for timely resolution.

13. Coordinates and performs patient billing duties and responsibilities which include checking accuracy of bills, resolving coordination of benefit denials, resolving eligibility denials, and resolving authorization denials.
14. Coordinates and performs special project duties and responsibilities. This includes relief responsibilities for the Revenue Cycle Specialists, Payment Posters, and Billing/Data Entry Clerk, preparing input data regarding goals and objectives for the Controller, and researching patient billing.
15. Ensures tracking and appropriate follow up to all denied claims for Registration and Authorizations.
16. Reviews and monitors billing and collection activities. Responds to procedural or technical problems as they appear. Evaluates billing and collection results in terms of quality, costs, and other goals and objectives.
17. Implements coordination with the Revenue Cycle Director of all required billing updates.
18. Keeps informed of current standards and practices involving billing and collection matters and recommends changes in policies and practices to keep programs up to date. Provides communication to Leadership team for any billing updates implemented by state or federal agencies.
19. Attends SW and Nutrition meetings when asked.
20. Performs other duties and responsibilities as required.
21. Completes team members performance reviews timely.

### **PLANNING**

The position is responsible for billing section planning required to implement billing-related changes in Medicare regulations. Typical planning responsibilities are:

- Assisting the Revenue Cycle Director in developing annual budget data including billing and Patient Finance goals and objectives.
- Planning new Patient Finance procedures required by changes in state, federal, and other regulations. This planning is done in conjunction with Information Systems personnel, the Revenue Cycle Director, insurance carriers, and other people.

### **SUPERVISION and COORDINATION**

The position supervises department personnel. Direct subordinates include Patient Finance team members in Financial Case Manager and Registration and Insurance Coordinator roles. The position is also responsible for

coordinating billing efforts with Billing, Admission, Information Systems, Physician Billing, Accounting, and other areas.

### **EXTERNAL CONTACTS**

The position has contacts with business office managers and representatives in Blue Cross, Medicare, King County Medical, Medicaid, commercial insurance companies, hospitals, consultants, and other organizations. These contacts are required to clarify, check, or develop new billing-related procedures and resolve eligibility or coordination of benefit problems.

### **DECISIONS**

The position is responsible to the Revenue Cycle Director for decision-making required in the Patient Finance program. Typical decisions include:

- Decisions regarding billing systems, insurance, and eligibility related problems, and how they can be corrected.
- Decisions on exhausting efforts to identify a funding source, charity, or other options for our patients.

### **CUSTOMER SERVICE STANDARDS**

Staff are responsible for demonstrating good customer service and professionalism.

1. **CONSIDERATION:** Greet customers promptly; show courtesy; recognize customer's needs; respect privacy.
2. **CONCERN:** Listen to customers; express appreciation, be non-judgmental; take responsibility.
3. **CONFIDENCE:** Show a positive attitude; take personal initiative; inform; educate and reassure; provide prompt follow-up.
4. **CONDUCT:** Hold appropriate conversations; maintain a professional appearance; establish teamwork; show professional competency.

### **JOB CONDITIONS**

Must be able to communicate effectively in English over the telephone, in writing, and in person. Duties and responsibilities are performed in an office environment.

Physical activities require the ability to stand, walk, stoop, kneel, crouch, reach, lift, fingering, grasp, talking, hearing, and repetitive motions of hands, wrists, and fingers. Requires a high-level of hand-eye coordination. Must have strong visual acuity to read, inspect information on monitors and CRTs, and to inspect technical documents.

Physical requirements include the ability to lift/move objects weighing up to twenty pounds occasionally, and up to ten pounds frequently. The individual in this position operates the phone, computer, 10-key adding machine, copier, and other office equipment as required. Demonstrated skills in Microsoft Office Products and knowledge of clinical software programs are

required.

#### **EDUCATION AND EXPERIENCE**

The Revenue Cycle Supervisor should have the equivalent of two years of community college training in business and the equivalent of 3-5 years' previous Insurance and Eligibility experience, preferably in a healthcare setting.

**The above statements are intended to describe the general nature and level of work performed by people assigned to this classification. They are not to be considered as an exhaustive list of all job tasks performed by people so classified.**

#### **REVIEW AND APPROVAL**

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VP of Finance/CFO

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Date

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