AuthorityHealth
Preserving Public Health, Promoting Population Health

POSITION DESCRIPTION

Position Title: **MEDICAID FINANCE MANAGER** **Date:** 10/2022 Written/Revised

Reports To: **Vice President/**Chief Financial Officer

Department: Medicaid Finance **Type: Administrative - Exempt**

Supervises: Medicaid Finance Employees

POSITION PURPOSE:

This position will serve as a point of contact between the Health Authority's Medicaid Outreach Division and its community and provider customers in facilitating Medicaid Outreach and enrollment activities. Focus on improving business processes within enrollment with the State of Michigan Medicaid program as well as the oversite and implementation of Revenue Cycle Management (RCM) processes by identifying, planning, implementing, and monitoring initiatives to improve efficiency, reduce errors, and drive toward best practice.

QUALIFICATIONS:

Bachelor's degree, Master's degree preferred with Ten+ (10) years of experience in the health or human service field. Strong knowledge of Medicare/Medicaid, regulations/policies, and the revenue cycle including contracting or outsourcing. Must possess experience communicating with government case workers and/or clinical personnel to reduce time in approval process across. Incumbent needs to possess extensive experience working with constituent groups, as well as community groups in a community setting. Possess strong knowledge of enhancing and maintaining properly functioning revenue cycle processes across community health centers. Strong interpersonal, written, and verbal communication skills. Demonstrate attention to detail. Excellent organizational skills with an ability to perform in a fast-paced, deadline-oriented work environment. Ability to successfully execute many complex tasks simultaneously. Demonstrated ability to work in a team environment, as well as independently. Computer proficiency, as well as the ability to develop and present presentation materials, as well as spreadsheets. Valid driver's license required. Reliable transportation required.

ESSENTIAL RESPONSIBILITIES AND DUTIES:

1. Reviews financial statements, activity reports and other performance data to measure productivity and goal achievement.

2. Supervise and evaluate performance of staff.

3. Monitor contracted partner agencies and organizations to ensure that they are efficiently and effectively conducting outreach activities.

4. Establish and implement departmental policies, goals, objectives, and procedures, conferring with board members, organization officials, and staff members as necessary.

5. Responds to telephone, written, and in-person inquiries and initiates steps to assist regarding issues relating to content or interpretation of publicly funded health care programs, i.e., State and Health plans of Michigan.

6. Supports and promotes Medicaid and other publicly funded health care programs through participation in community events. Supports access to care through evaluation and processing of reports, and distribution of collateral materials.

7. Researches and resolves complex customer and business issues either Medicaid, Revenue Cycle Management, Market Place, and self-pay.

8. Assists in the orientation, training, and development of new staff, volunteers and contract/consultants within department.

9. Provides superior quality outcomes by taking ownership of issues to ensure timely resolution or follow-up.

10. Participates in promotional activities.

11. Organizes daily work without significant guidance. Provides superior, professional, and courteous service to customers, including but not limited to researching customer inquiries.

12. As assigned, supports advisory councils, board of directors, and other strategic partners.

13. Provides leadership in the development and implementation of the outreach programs and work plans.

14. Represents department with key internal and external stakeholders and targeted providers and community partners.

15. Be able to seek out Process Improvement ways to execute and improve total days in accounts receivable, increase cash collections, eliminate write off due to the revenue cycle processes.

16. Responsible for analyzing and addressing challenges and breakdowns in the RCM process.

17. Perform ongoing trend analysis of payor rejections and denials. Preform proactive audits on all recommended A/R write offs and present audit results to Executive Management.

18. Creates and develop reports to address management needs; analyze information to identify trends or issues.

19. Coordinating or attending health fairs that emphasize preventive health care and promoting Medicaid services by presenting Medicaid material in locations with the likelihood of high Medicaid eligibility.

20. Facilitating eligibility determination for Medicaid by planning and implementing a Medicaid information program.

21. Analyzing Medicaid data related to a specific program, population, or geographic area and working with Medicaid resources, such as the Medicaid Health Plans, to locate health services referral relationships to populations of needs.

22. Overseeing the organization and outcomes of the coordinated medical/mental health services provision with Medicaid Health Plans.

23. Reviewing clinical notes of staff by a designated clinician to identify medical referral and follow-up practices and making recommendations to supervisors for improvements as needed.

WORKING CONDITIONS:

1. Must be able to work a flexible schedule including some evenings and weekends (per agency requirements).
2. Able to complete duties under stress, deadlines, and while attending to multiple duties simultaneously.
3. Prolonged computer related exposure, as well as sitting and standing at workstations for long periods of time.

EXEMPT STATUS:

This position is exempt from overtime pay provisions of the Federal Fair Labor Standards Act.

The above job description is for informational purposes only and is not intended to be all inclusive or limiting as to specific duties.

APPROVAL: _____ DATE: _____