

APLA Health

APLA Health provides quality healthcare, life-saving services, camaraderie, compassion, and comfort to all who come through our doors. Our dedicated team of healthcare professionals is committed to providing personalized and compassionate free and low-cost medical services, tailored specifically to meet the unique needs of each individual we serve. APLA Health serves as a medical home providing an array of integrated healthcare services through 71,000+ billable patient visits and nearly 10,000 enabling services visits each year. Services provided include: medical, dental, behavioral health and HIV care; pharmacy; PrEP counseling and management; health education and HIV prevention; and STD screening and treatment. For people living with HIV, APLA Health offers housing support; benefits counseling; home healthcare; and the Vance North Necessities of Life Program food pantries; among several other critical support services.

We offer great benefits, competitive pay, and great working environment!

We offer:

- *Medical Insurance*
- *Dental Insurance (no cost for employee)*
- *Vision Insurance (no cost for employee)*
- *Long Term Disability*
- *Group Term Life and AD&D Insurance*
- *Employee Assistance Program*
- *Flexible Spending Accounts*
- *11 Paid Holidays*
- *4 Personal Days*
- *10 Vacation Days*
- *12 Sick Days*
- *Metro reimbursement or free parking*
- *Employer Matched (6%) 403b Retirement Plan*

This is a great opportunity to make a difference!

This position will pay \$128,263.87 - \$173,895.43 annually. Salary is commensurate with experience.

POSITION SUMMARY:

Under the direction of the Chief Financial Officer, the Director of Revenue Cycle manages front-end patient registration, coding, billing, and collections to maximize reimbursement and ensure compliance, particularly with Medicaid and Medicare Prospective Payment Systems (PPS). Key responsibilities include overseeing claims processing, minimizing denials, managing payer contracts and relationships, ensuring regulatory compliance, and providing strategic leadership for the entire revenue cycle. The role requires strong leadership, analytical skills, and expertise in FQHC-specific (Federally Qualified Health Center) billing and coding requirements. This position supervises the Revenue Cycle Manager and the Enrollment and Eligibility Manager.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provide overall direction for APLA Health's revenue cycle operations.
- Develop, implement and oversee effective billing and collections procedures
- Oversee all aspects of patient enrollment, insurance verification, coding, billing, claims processing, and payment posting.
- Ensure adherence to all FQHC-specific federal, state, and payer regulations, including HRSA guidelines.
- Ensure sliding fees are followed and calculated annually (posted and internal EHR system).
- Manage the configuration of all electronic billing systems to ensure proper functioning for effective and efficient billing and collection processes.
- Maintain fee schedules.
- Develop, implement and oversee procedures to ensure coding accuracy.
- Ensure timely monthly close.
- Prepare and distribute end-of-the-month management reports
- Provide support and training to practitioners to ensure accurate and timely filing of claims.
- Analyze claims data and implement procedures to maximize HEDIS and incentive revenue collections (i.e., level II HCPCS codes, ICD-10 and CPT modifiers).
- Track and report metrics related to the patient engagement cycle including recording coding error rates and billing turnaround times to develop sound revenue cycle analysis and reporting.
- Maintain and manage all applicable registrations and periodic reporting for CMS (Medicare and Medicaid).
- Assist in preparing, validating and submitting Revenue Cycle information for the Medicare Cost Reports
- Work closely with the Chief Medical Officer, Chief Nursing Officer, Chief Clinical Operations Officer, Chief Dental Officer, and Chief Behavioral Health Officer to coordinate patient billing and payment requirements.
- Balance and reconcile bank deposits for Patient Accounts Receivable.
- Works with the CFO to develop processes and procedures for the efficient and successful flow of information between the billing department and clinical departments.
- Executes upon key strategies and performance indicators to drive the collection of earned reimbursement.
- Implement and maintain policies and procedures to ensure the proper investigation and resolution of denied or rejected claims.
- Oversee the submission and reconciliation of Medicare and Medicaid claims and PPS cost reports to secure accurate reimbursement.
- Implement strategies to reduce claim denials and manage the appeals process to recover lost revenue.
- Manage relationships with third-party billing vendors and negotiate and manage contracts with insurance payers.
- Track and report on key performance indicators (KPIs) such as days in accounts receivable, denial rates, and clean claim rates to drive improvements.

- Lead, mentor, and train revenue cycle staff and enrollment staff to ensure efficient and compliant operations.
- Drive continuous improvement initiatives to optimize workflows, systems, and financial performance.

OTHER DUTIES MAY BE ASSIGNED TO MEET BUSINESS NEEDS.

REQUIREMENTS:

Training and Experience:

- Bachelor's Degree in a Healthcare, Quality Assurance, or related field required.
- A minimum of 10 years of relevant experience, with no less than 7 years in an FQHC.
- Minimum of 5 years' experience managing staff.
- Experience with the provider credentialing process preferred.
- Experience with dental billing is highly preferred.
- Proficiency with healthcare billing software and revenue cycle management tools required.
- Proficiency in Microsoft Excel.

Knowledge of:

- Medicare, Medicaid, HMO, PPO, Managed Care, Workers Comp, and Tricare
- FQHC revenue cycle and billing requirements.
- Professional fee billing, reimbursement and third-party payer regulation and medical terminology
- Regulatory requirements pertaining to health care operations and their impact on operations
- Healthcare regulations (e.g., HIPAA, CMS guidelines).

Ability to:

- Manage time effectively, including prioritizing multiple projects with conflicting deadlines.
- Operate as an effective tactical and strategic thinker.
- Motivate, mentor, and coach staff.
- Produce high-quality work.
- Exercise judgment and make independent decisions.
- Think critically and solve problems.
- Communicate effectively, persuasively and professionally, in both written and verbal forms, with a wide range of individuals, organizations and funding sources.
- Make sound judgments in dealing with sensitive and confidential issues.

WORKING CONDITIONS/PHYSICAL REQUIREMENTS:

This is primarily an office position that requires only occasional bending, reaching, stooping, lifting and moving of office materials weighing 25 pounds or less. The position requires daily use of a personal computer and requires entering, viewing, and revising text and graphics on the computer terminal and on paper.

SPECIAL REQUIREMENTS:

Must possess a valid California driver's license; proof of auto liability insurance; and have the use of a personal vehicle for work related purposes.

COVID vaccination and booster required or medical/religious exemption.

Equal Opportunity Employer: APLA Health is an EEO Employer

To Apply:

Visit our website at www.aplahealth.org to apply or click the link below:
<https://www.paycomonline.net/v4/ats/web.php/jobs/ViewJobDetails?job=317032&clientkey=A5559163F67395E0A2585D2135F98806>