

SANTA CLARA COUNTY OFFICE OF EDUCATION

CLASS TITLE: CLAIMS AND REIMBURSEMENT BILLING SPECIALIST

BASIC FUNCTION:

Under the direction of the assigned supervisor, the Claims and Reimbursement Billing Specialist leads efforts to develop sustainable school-based health programs; researches, develops, and implements programs and provides training related to billing, claims submission and sustaining school-based health programs; works in partnership with the Santa Clara County Office of Education, Local Education Agencies (LEAs), Managed Care Plans, the Department of Behavioral Health, other government agencies; provides technical assistance including coaching and training, specialized, consultative, advisory and planning services in the area of claims submission and reimbursement for health services.

REPRESENTATIVE DUTIES:

The following duties are examples of assignments performed by incumbents in this classification. It is not a comprehensive list of duties, nor is it restrictive regarding job assignments.

ESSENTIAL DUTIES:

Leads efforts to support development of ongoing funding for the implementation of school-based health programs, services and supports related to claims and reimbursement.

Manages and coordinates all aspects of the district's school health billing infrastructure and sustainability plan.

Designs and implements training for district employees and partner agencies regarding all aspects of revenue generating school-based health programs.

Monitors contracts and memorandums of understanding with partner agencies providing health-related services on campuses to ensure alignment with school billing policies.

Establishes data collection and evaluation processes for health services and oversees external evaluations and audits.

Maintains up-to-date knowledge of school health systems and medical billing policies and procedures; assists in the formulation and development of policies, procedures and programs.

Ensures compliance with all federal, state, and local school health systems medical billing policies and procedures.

Generates routine reports to review claims submitted and follow up with LEAs and service practitioners to address incomplete claims and discrepancies as appropriate.

Collaborates with LEAs, Managed Care Plans, the Department of Health Care Services (DHCS) and other agencies for the purposes of coordinating the compiling and filing of a wide variety of reports.

Monitors and ensures compliance with current licensing and credentialing requirements; ensures providers are properly registered for the purposes of billing Medi-Cal and Commercial Plans.

Researches and assigns billing codes to services and supports billing configurations within the medical billing software.

Ensures that all matters related to student account information are handled confidentially, effectively, efficiently and in accordance with regulations and contracts.

Analyzes billing reports; reviews and follows up with outstanding claims and payments from contracted payers.

Monitors and processes adjudicated and paid claims within medical billing software based on contracts on file, payer guidelines and SCCOE policies and procedures.

Attends a variety of conferences, departmental and interdepartmental meetings as assigned; provides expertise and technical assistance as needed.

Operates a computer and assigned software programs; operates other office equipment as assigned; drives a vehicle to conduct work as assigned.

Works in alignment with SCCOE finance teams to ensure claim payments are applied appropriately.

OTHER DUTIES:

Performs related duties as assigned.

KNOWLEDGE AND ABILITIES:

KNOWLEDGE OF:

The Medicaid and Managed Care Plan billing.

CPT and ICD-10 coding and billing requirements for public programs and third-party payers.

Revenue Cycle Management.

HIPAA and FERPA regulations related to confidentiality and sharing of information between agencies and schools.

Training methods, program planning, adult learning and group facilitation and dynamics.

Public school environments.

Principles and practices of organizational leadership, including the ability to lead change process.

Program management and implementation guidelines.

Collecting, assembling data and navigating assigned software systems.

Applicable laws, codes, regulations, policies, and procedures.

Oral and written communication skills.

Interpersonal skills using tact, patience, and courtesy.

Operation of a computer and assigned software.

ABILITY TO:

- Plan, organize and direct the development of the program.
- Analyze data and evaluate program needs.
- Process all billing functions with a high degree of accuracy.
- Problem solve and develop action plan to address challenges.
- Communicate effectively with school districts and community partners regarding billing programs.
- Interpret, apply and explain rules, regulations, policies and procedures.
- Research and organize information.
- Prepare comprehensive narrative and statistical reports related to assigned activities.
- Provide technical, specialized, consultative, advisory and planning services on the claim submission process.
- Work independently with little direction.
- Communicate effectively both orally and in writing.
- Serve as a resource to program representatives and the SCCOE.
- Establish and maintain cooperative and effective working relationships with others.
- Operate a computer and assigned office equipment.

LEADERSHIP TEAM COMPETENCIES:

- Develops and fosters effective individuals and teams.
- Operationalizes the organizational vision, mission, goals, shared values, and guiding principles.
- Demonstrates emotional intelligence.
- Models inclusive, effective, and authentic communication.
- Applies knowledge of the intersectionality of race, equity, and inclusion.
- Builds and sustains positive, trusting relationships.
- Conducts SCCOE operations with the highest moral, legal, and ethical principles.

EDUCATION AND EXPERIENCE:

Any combination equivalent to: Bachelor’s degree in public health, healthcare administration, business administration, finance, accounting, or related field, and three (3) years of increasingly responsible experience participating in Medicaid and Commercial Insurance billing, claims submission or school-based billing. Billing experience in a Federally Qualified Health Center or Rural Health Center strongly preferred.

LICENSES AND OTHER REQUIREMENTS:

- Valid California driver's license.
- Medical billing and coding certification preferred.

WORKING CONDITIONS:

ENVIRONMENT:

- Office environment.
- Driving a vehicle to conduct work.

PHYSICAL DEMANDS:

Hearing and speaking to exchange information and make presentations.

Dexterity of hands and fingers to operate a computer keyboard.

Seeing to read a variety of materials.

Sitting or standing for extended periods of time.

Approved by Personnel Commission: February 14, 2024



Marisa Perry
Director III – HR / Classified Personnel Services

Date: 2/14/24