

## **SANTA CRUZ COUNTY OFFICE OF EDUCATION**

### **SCHOOL HEALTH BILLING AND REIMBURSEMENT COORDINATOR**

#### **DEFINITION**

Under direction, oversee and manage all aspects of school health billing and reimbursement for the Santa Cruz County Office of Education (COE), Local Educational Agencies (LEAs), and community-based partners. This role ensures compliance with Medi-Cal billing requirements, including the Local Educational Agency Billing Option Program (LEABOP), School MediCal Administrative Activities (SMAA), Enhanced Care Management (ECM), Children Youth Behavioral Health Initiative (CYBHI) Multi-Payer Fee Schedule, and others as they arise. The School Health Billing and Reimbursement Coordinator collaborates with various internal and external partners to maximize federal reimbursements while providing technical assistance to enhance the sustainability of school health initiatives.

#### **SUPERVISION EXERCISED**

May exercise technical and functional oversight over lower level staff.

#### **EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

##### **Billing Cycle Management:**

Oversee the entire billing cycle for school health services within the COE, ensuring timely, accurate, and compliant claims submission, payment processing, and account reconciliation.

Manage billing operations for the COE as it bills for its services, including consortium billing arrangements.

Ensure compliance with programs such as Medi-Cal, LEA BOP, SMAA, Enhanced Care Management, and Fee Schedule requirements.

##### **Data Management and Reporting:**

Compile, input, verify, and audit detailed billing-related data, including student, personnel, and provider information, ensuring accurate reimbursement claims.

Generate comprehensive reports tracking claims, payments, compliance metrics, and program effectiveness.

Develop systems to ensure efficient data entry, tracking, and reporting while safeguarding data accuracy and integrity.

##### **Technical Resource and Support:**

Act as a technical and informational resource for staff and stakeholders regarding health billing operations, forms, and procedures.

Train staff on effective use of databases and billing systems, ensuring understanding of compliance requirements and best practices.

Collaborate with expert consultants, third-party billing vendors, and partner organizations to co-create training materials tailored to diverse needs.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES (CONTINUED)**

**Compliance and Monitoring:**

Maintain knowledge of local, state, and federal reimbursement policies, ensuring all billing activities align with updated regulations.

Prepare and submit required reports and documentation for audits, ensuring compliance and readiness.

Conduct regular assessments of billing practices to verify adherence to established guidelines and adapt policies to legislative updates.

**Problem-Solving and Reconciliation:**

Monitor billing discrepancies, research data issues, and resolve errors to optimize reimbursement processes.

Manage adjustments and reconciliations of data from multiple sources to maintain accuracy and integrity in records.

**Collaboration and Communication:**

Collaborate with internal departments, including fiscal and human resources, to align billing processes with organizational goals.

Foster and maintain strong relationships with Managed Care Plans, the Department of Health Care Services, LEAs, and community-based organizations.

Serve as the primary liaison between school districts and Electronic Health Record (EHR) vendors to address billing concerns, troubleshoot technical issues, and streamline workflows.

**Policy Development and Training:**

Develop, implement, and enforce comprehensive policies and procedures that comply with billing regulations.

Design and deliver training programs on billing processes, program requirements, and effective claims management tailored for COE staff, LEAs, and community partners.

Foster a culture of continuous learning by updating training materials to reflect current regulations and incorporating feedback to improve training effectiveness.

**Audit Management:**

Oversee internal and external audits related to billing and reimbursement, ensuring all necessary documentation is accurate, compliant, and readily available.

Maintain an organized audit binder with all pertinent documents, processes, and protocols.

Develop and execute corrective action plans based on audit findings to address compliance issues and improve operational practices.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES (CONTINUED)**

**Revenue Optimization and Program Sustainability:**

Maximize reimbursement by optimizing billing workflows and ensuring accurate claims management.

Analyze billing data to identify trends, assess program effectiveness, and recommend improvements to enhance revenue generation and service delivery.

Support the sustainability and growth of specialized health services by actively engaging with LEAs and community partners.

**FERPA and HIPAA Compliance:**

Maintain a thorough understanding of FERPA and HIPAA requirements to safeguard sensitive student information.

Prepare and maintain appropriate records of consent and other student data, ensuring compliance with legal standards.

**Professional Development:**

Engage in ongoing professional development, including attending meetings, conferences, workshops, and Communities of Practice to stay informed about emerging trends and best practices in school health billing.

Participate in Professional Learning Networks to share insights and strategies with peers.

Perform related duties and responsibilities as assigned.

**JOB-RELATED AND ESSENTIAL QUALIFICATIONS**

**Knowledge of:**

Complex regulations and guidelines related to school health billing, including: knowledge of Medi-Cal regulations and compliance requirements and Managed care and commercial insurance plans.

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Financial management principles, including budgeting and forecasting.

Coding systems (CPT, ICD-10) and billing requirements for public programs and third-party payers.

FERPA and HIPAA regulations to ensure data privacy and compliance.

Data management tools, EHR systems, and billing software.

Proper English usage, spelling, grammar, punctuation and vocabulary; report writing.

**Knowledge of (continued):**

Modern office practices, methods, and equipment including computer equipment and software.

**Skill and Ability to:**

Analyze financial and program data to inform decision-making and improve billing processes.

Effectively communicate technical information to diverse audiences.

Lead and facilitate training sessions for staff and partners.

Work collaboratively with internal and external stakeholders to achieve organizational goals.

Adapt to changing priorities while maintaining accuracy and compliance.

Solve complex problems related to billing discrepancies and data reconciliation efficiently.

Exhibit attention to detail in maintaining data accuracy and preparing reports.

Visualize data effectively using tools to support reporting and decision-making.

Resolve conflicts and negotiate effectively with vendors, agencies, and partners.

Mentor and guide staff in developing their technical and procedural expertise.

Analyze financial and program data to inform decision-making and improve billing processes.

Effectively communicate technical information to diverse audiences.

Lead and facilitate training sessions for staff and partners.

Work collaboratively with internal and external stakeholders to achieve organizational goals.

Adapt to changing priorities while maintaining accuracy and compliance.

Be courteous and maintain a neat and clean appearance, and demeanor at all times.

**EDUCATION AND EXPERIENCE**

*Any combination equivalent to experience and training that would provide the required knowledge, skills and abilities would be qualifying. A typical way to obtain the knowledge, skills, and abilities would be:*

**Education:**

Associate's or Bachelor's degree in public health, healthcare administration, business administration, finance, accounting, or a related field, or a combination of equivalent experience.

**Experience:**

A minimum of three (3) years of experience in Medi-Cal billing, claims submission, or school finance preferred.

**License or certificate:**

Possession of, or ability to obtain, an appropriate, valid California driver's license and appropriate vehicle operation insurance.

Medical billing and coding certification preferred.

**Qualification Requirements:**

To perform a job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed in the job description are representative of the knowledge, skills, and abilities required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**SPECIAL REQUIREMENTS**

*The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. Essential duties require the following physical skills and work environment:*

Ability to work in an office or school site environment with the ability to sit, stand, walk, kneel, crouch, stoop, squat, twist, reach, and lift 25 pounds; exposure to volatile and assaultive behavior; exposure to outdoors.

Ability to speak in both English and Spanish or a target language is highly preferred.

Ability to travel to different sites and locations in personal automobile.

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