



Job Specification

Billing Analyst - HB Bureau

Employment status: Permanent

Reporting to: *Operations and Retention Manager - HB Bureau*

Location: DBN

About Healthbridge

As Healthbridge we exist to liberate life through transforming healthcare. We creatively look for ways to make healthcare more affordable, accessible and effective for everyone. Our innovative HealthTech solutions ensure that patients, healthcare providers and other role players in the healthcare ecosystem benefit by collaborating together.

We seek high performers with a positive, growth mindset who will thrive in a culture based on strong values, accountability, openness, collaboration and no politics.

About the Team

The Bureau Administration team exists to deliver on the bureau value proposition that is promised to our clients. The team also maintains and grows relationships with internal and external stakeholders. This team positions the Healthbridge Bureau as a key value add to our clients. The team will be on a journey to transform to a digitalized and automated bureau. Through delivering our value proposition and these relationships, this team contributes towards Healthbridge Bureau achieving its purpose, vision and strategy.

About Growth

Growth opportunities at Healthbridge are wide and varied, with excellent growth opportunities within the role itself to become a specialist. We are a dynamic and growing company that rewards great performance with not only the standard progression (take-my-boss'-job) path but also offers exciting opportunities to those wishing to expand their horizons.

Healthbridge is growing to be the platform that makes healthcare thrive, for all. High-performing 'bridgians will grow with it!

About the Job



Role Purpose

As a Billing Analyst, you will play a crucial role in overseeing the billing process for healthcare services, with a particular emphasis on specialist healthcare providers. Your primary responsibility will be to ensure the precision and efficiency of billing within the claims administration team. Your contributions will be instrumental in maintaining accurate financial transactions and optimising the revenue cycle for our organisation. This position specifically involves:

- Defining and executing the billing and coding processes for the claims administration department in accordance with the overarching strategy of the HB Bureau
- Leading, mentoring and inspiring the claims administration team to maximise revenue cycle management and contribute to the growth objectives of the business
- Accountable for optimising revenue collection through safeguarding ethical and legal billing practices within the HB Bureau. This includes ensuring accuracy and efficiency in billing procedures, while adhering to the highest standards of ethical and legal compliance within the claims administration team.
- Identifying opportunities to improve coding and billing practices, ensuring revenue cycle management goals are met
- Working with the line manager and supervisor to guide the billing and coding processes, ensuring accurate coding of healthcare claims according to the coding and industry standards of South Africa
- Overall, plays a crucial role in ensuring the financial health of medical practices by driving accurate and efficient billing practices in the claims administration department
- Collaborating with healthcare providers, engaging in discussions and meetings to ensure they are enrolled in appropriate medical aid payment arrangements, aiming to maximise revenue while maintaining ethical and legal compliance within the HB Bureau.
- Engaging with the technology teams, this role plays a key part in advancing the business's digitization goals. Through collaboration with the technology teams, the focus is on developing digital models and contributing to the establishment of a billing engine. The aim is to automate and optimise the claims process, ultimately maximising profits using machines.



Description

In this pivotal role, you serve as an expert mentor and guide to the bureau administration team, fostering a collaborative environment with your fellow line managers, supervisors, and claims administrators. Your mandate is to champion and consistently enhance coding and billing practices within the HB Bureau, leveraging your expertise to maximise revenue billing. Through proactive leadership and continuous improvement initiatives, you contribute to the development of a high-performing team dedicated to maintaining the highest standards in billing efficiency and accuracy.

Duties will include:

- Analysing submitted claims for errors or missing information and identifying opportunities for optimisation of claims, ensuring accurate coding of procedures and diagnoses according to medical coding guidelines
- Guide the claims administration team to interpret and implement scheme benefit rules when optimising billing
- Assessing denied or rejected claims to identify and resolve issues
- Researching and resolving coding errors or discrepancies
- Staying updated on changes in healthcare and its impact on billing practices
- Effectively communicating with internal and external stakeholders on funder requirements, coding regulations and changes
- Conducting research on medical aid plans, eligibility, and coverage to ensure proper billing practices are adhered to within the HB Bureau
- Communicating with healthcare providers, patients, and funders to clarify billing inquiries and resolve disputes
- Staying up-to-date on changes in healthcare regulations, coding practices, and medical insurance policies
- Maintaining a strong understanding of medical terminology and procedures
- Identifying and implementing opportunities to streamline billing processes and improve efficiency within the claims administration department
- Behaving as a values icon across the organisation
- Working closely with the iHealth Tech team by fostering effective and clear communication and collaboration. Articulating and understanding the complex problems related to automation of Billing engines
- Testing and validation of newly built automation as well as integrating newly built automation into existing workflows while minimising disruptions



Job Requirements

Qualifications & Experience

- A minimum of 3 years experience in a similar medical administrative billing role in a business-to-business (B2B) context, within the healthcare sector
- Brings a minimum of 5 years of extensive coding experience in the medical billing industry, showcasing a comprehensive understanding of coding practices and industry standards.
- A proven track record of navigating and optimising billing processes within the healthcare industry, with a keen eye for detail and compliance with coding and billing standards and regulations.
- Proven collaboration with technology/software teams, clear problem articulation, and adeptness in testing and integrating software solutions and new features into existing workflows.

Knowledge and Skills

- Possesses in-depth knowledge of the medical services claims industry and

healthcare coding systems including an excellent understanding of the application of rules and modifiers per discipline, alongside expertise in the legislation regulating the discipline.

- Possesses outstanding expertise in ICD-10 coding and an excellent understanding of SAMA (South African Medical Association) and CMS (Centers for Medicare & Medicaid Services) rules
- Possesses an excellent medical background, showcasing proficiency in medical terminology and a comprehensive understanding of human anatomy.
- Full understanding of the processes, procedures, and systems used in the execution of revenue cycle management, with a focus on ensuring the accuracy and efficiency of the HB Bureau's billing processes
- Excellent communication and people skills (verbal and written)
- Enthusiasm to stay updated with industry developments and emerging trends in the healthcare sector

Behavioural Competence

- Strategic and forward-thinking mindset to align relationships with the overall business strategy
- Strong leadership abilities with the capacity to inspire, motivate and empower teams, both face to face and remotely
- Exceptional interpersonal and relationship-building skills to establish trust and credibility with clients and internal stakeholders
- Collaborative and team-oriented approach to work effectively with cross-functional teams
- Can hold own ground during tough negotiations with different types of stakeholders, while remaining respectful, calm and mindful
- Excellent problem-solving and decision-making abilities in complex and dynamic situations
- Results-oriented with a focus on achieving targets and delivering on key objectives
- Effective time management and organisational skills to prioritise tasks and meet deadlines
- Adaptability and resilience to navigate through challenges and uncertainty
- Ethical and professional conduct with a commitment to integrity and confidentiality
- Dependable and diligent, consistently demonstrating trustworthiness and a strong work ethic.

Technical Competence

- Extensive experience working at a master level on at least 3 PMA's (Practice Management Applications), demonstrating a versatile and comprehensive understanding of various systems.
- Proficient in Ms Excel, Word, Powerpoint or the Google Workspace alternative
- Curious about leading-edge technologies (e.g. AI, machine learning, LLMs)
- A keen focus on task efficiency, coupled with a mindset geared towards consistently measuring and reducing task completion times.
- Developing standard operating procedures
- Target setting and monitoring
- Management reporting
- Excellent prioritisation skills