PLEASE POST CONSPICUOUSLY

OTSEGO COUNTY HAS THE FOLLOWING VACANCY:

Community Services Department

Behavioral Health Billing and Claims Management

$51,039 - $60,429

DATED: September 23, 2026

LAST DAY FOR FILING: October 7, 2026

EOE

DISTINGUISHING FEATURES OF THE CLASS: The incumbent is responsible for all aspects of behavioral health billing operations pertaining to healthcare revenue cycle management, focusing on mental health, substance use disorders, and related services. This position requires both technical billing/claims skills and an understanding of the unique regulatory and documentation standards in this field. Behavior health billing and claims duties require a blend of medical coding, insurance compliance, and patient service skills in the processing of Medicare, Medicaid and third-party health insurance claims for an agency or department. The incumbent performs billing and reimbursement tasks that require the interpretation and application of various federal, state, county and institutional regulations, as well as monitoring and account review. Duties include accurate coding, denial and appeal resolution, records management, payment posting and reconciliation. The incumbent is also responsible for following up with third party payers using a computer billing system. Supervision is exercised over the work of subordinate staff involved in billing operations pertaining to healthcare revenue cycle management. The duties will be performed under the direct supervision of the Business Office Manager or other higher-level administrator, and under the administrative supervision of the Director of Community Services. Performs other related duties as required.

TYPICAL WORK ACTIVITIES: (Illustrative only)

- Responsible for all aspects of behavioral health billing operations including charge entry, claim submission, payment posting, denial management, and collections;
- Prepare, review, submit and track billing and claims for outpatient behavioral health and substance use disorder (SUD) services utilizing federally approved billing format in both electronic and paper format as applicable;
- Process and submit timely and accurate billing and claims for Medicaid fee-for-service, Medicaid Managed Care, Medicare, commercial insurance, and self-pay accounts;
- Review encounter data promptly for billing accuracy and regulatory compliance;
- Review and reconcile billing discrepancies and resolve claim issues;
- Correct and resubmit denied or rejected claims promptly;
- Monitor accounts receivable and aging report, implement corrective actions and timely follow up on unpaid claims;
- Post payments, adjustments, and reconcile remittance advice and assures appropriate application to the patient billing account;
- Contact patients, responsible parties, vendors, and other health providers by phone or written correspondence to obtain additional information as necessary;
- Serve as liaison with insurance companies, managed care organizations, county departments and NYS agencies;
- Provide supervision to subordinate staff involved in billing operations and guidance, and technical assistance to clinical and support staff;
- Monitor revenue cycle metrics including identify billing trends, compliance concerns, denial rate, collection rate, and opportunities for process improvement;
- Prepare monthly billing and revenue reports for leadership;

- Perform other related duties as required.

REQUIRED PERFORMANCE KNOWLEDGE, SKILLS, AND ABILITIES: Good knowledge of NYS Medicaid Behavioral health billing requirements and procedures; good knowledge of Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and ICD-10 coding; good knowledge of managed care authorization and claims processes; good knowledge of electronic health record (EHR) and billing systems; good knowledge of revenue cycle management best practices; ability to manage, analyze and reconcile billing and payment detail accurately; ability to understand and carry out moderately complex oral and written directions; ability to develop and maintain effective working relationships; ability to work independently and collaboratively; ability to interpret insurance documents, including insurance cards, policies, payment remittances, denials, explanation of benefits, etc.; ability to organize and maintain accurate records and files; ability to analyze and organize data and prepare record reports and spreadsheets; ability to operate a computer and utilize common software programs including word processing, spreadsheets and databases; ability to maintain the confidentiality and integrity of all medical records; ability to communicate effectively orally and in writing; ability to pay close attention to detail; ability to exhibit clerical aptitude, accuracy, tact, courtesy, and good judgment.

MINIMUM QUALIFICATIONS: Either:

(a) Graduation from a regionally accredited or New York State registered college with an Associate's degree or higher in a closely related business or medical field such as Healthcare Administration or a Medical Biller degree program and two (2) years of full-time paid experience or its part-time equivalent in behavioral health billing, medical billing and coding, or billing and claims management, using computerized medical record data bases in a NYS county clinic or within a public behavioral health system; or

(b) Graduation from high school or possession of a high school equivalency diploma and four (4) years of full-time paid experience or its part-time equivalent, as defined in (a) above.

SPECIAL REQUIREMENTS: Possession of a Credentialed Certified Professional Coder (CPC) Certificate, Certified Professional Biller (CPB) Certificate, Certified Coding Specialist (CCS) Certificate, or similar certification approved by the American Academy of Professional Coders (AAPC) is required at time of appointment and Coding Certification must be maintained through continuing education unit (C.E.U.) courses (18 C.E.U.s) annually to maintain employment.

NOTE: Successful completion of coursework in business administration, health administration or closely related field at a regionally accredited college or university, or one accredited by the New York State Board of Regents to grant degrees, may be substituted for up to one (1) year of the required experience with three (3) semester credit hours of related coursework as indicated above being equivalent to three (3) months of experience, if such coursework is not counted as part of the educational requirement.

CLASSIFICATION: Competitive

Applications available at the Otsego County Personnel/Civil Service Department, 183 Main Street, Cooperstown, NY 13326 or online at www.otsegocountyny.gov