

Public Provider Reimbursement (PPR) Job Family					
Job Title	PPR Assistant	PPR Specialist	PPR Coordinator	PPR Supervisor	PPR Manager
Job Code	MBR016	MBR017	MBR042	MBR043	MB0272
Pay Grade	NAGE W50 - Grade 16	NAGE W50 - Grade 17	NAGE W50 - Grade 42	NAGE W50 - Grade 43	45
Position Summary	The Public Provider Reimbursement (PPR) Department within the Center for Health Care Financing conducts statewide business services for several health and human services agencies of the Executive Office of Health and Human Services (EOHHS) to maximize revenue for the Commonwealth of Massachusetts. Revenue is obtained from private, state and federal resources to reimburse the Commonwealth for the costs of health care and related services provided by public institutions and community-based programs. The PPR Assistant is responsible for performing general administrative and clerical duties	The Public Provider Reimbursement (PPR) Department within the Center for Health Care Financing conducts statewide business services for several health and human services agencies of the Executive Office of Health and Human Services (EOHHS) to maximize revenue for the Commonwealth of Massachusetts. Revenue is obtained from private, state and federal resources to reimburse the Commonwealth for the costs of health care and related services provided by public institutions and community-based programs. The PPR Specialist is responsible for performing medical billing and claiming functions, activities to identify and coordinate access to health care insurance and related benefits, and administrative and clerical duties.	The Public Provider Reimbursement (PPR) Department within the Center for Health Care Financing conducts statewide business services for several health and human services agencies of the Executive Office of Health and Human Services (EOHHS) to maximize revenue for the Commonwealth of Massachusetts. Revenue is obtained from private, state and federal resources to reimburse the Commonwealth for the costs of health care and related services provided by public institutions and community-based programs. The PPR Coordinator is responsible for performing medical billing, health insurance identification and access activities, and coordinating and distributing work.	The Public Provider Reimbursement (PPR) Department within the Center for Health Care Financing conducts statewide business services for several health and human services agencies of the Executive Office of Health and Human Services (EOHHS) to maximize revenue for the Commonwealth of Massachusetts. Revenue is obtained from private, state and federal resources to reimburse the Commonwealth for the costs of health care and related services provided by public institutions and community-based programs. The PPR Supervisor is responsible for managing day-to-day business services and operations including medical billing and health insurance identification and access activities, and supervising, training and evaluating staff.	The Public Provider Reimbursement (PPR) Department within the Center for Health Care Financing conducts statewide business services for several health and human services agencies of the Executive Office of Health and Human Services (EOHHS) to maximize revenue for the Commonwealth of Massachusetts. Revenue is obtained from private, state and federal resources to reimburse the Commonwealth for the costs of health care and related services provided by public institutions and community-based programs. The PPR Manager is responsible for oversight and management of medical billing and accounts receivable business services and activities to identify and coordinate access to health care insurance and related benefits.
Essential Functions /Scope	<ul style="list-style-type: none"> * Perform administrative and clerical activities to assist with business services and support day-to-day operations * Perform data entry and related functions to support medical billing and accounts receivable services, and activities to identify and coordinate access to health care insurance and related benefits * Perform and assist with broad spectrum of business services or specific services and focused activities * Review and analyze data, maintain and update spreadsheets, databases and systems and resolve discrepancies * Provide internal and external customers with professional customer service including responding to and following up on inquiries and correspondence * Write, review, prepare and maintain business documents including reports, contracts, manuals, procedures and presentations * Participate in professional training and cross-training activities to enhance performance and skills * Participate in continuous quality improvement initiatives and projects * Foster compliance with state and federal rules and regulations * Work independently and as a team member * Preserve confidential, protected health and personally identifiable information and files 	<ul style="list-style-type: none"> * Perform and assist with medical billing and claiming activities to obtain from liable payers reimbursement for services provided by state-operated facilities and community-based programs * Identify and coordinate access to Medicaid (MassHealth), Medicare and commercial health care insurance, Social Security Administration and other programs and benefits * Outreach to, proactively support and work with clients, clients' families, guardians and representatives to complete and process applications, forms and other documents required to determine, re-determine, validate, reinstate and maintain health care coverage and related benefits * Perform and assist with broad spectrum of business services or specific services and focused activities * Review and analyze data, maintain and update spreadsheets, databases and systems and resolve discrepancies * Provide internal and external customers with professional customer service including responding to and following up on inquiries * Write, review, prepare and maintain business documents including reports, contracts, manuals, procedures and presentations * Participate in professional training and cross-training activities to enhance performance and skills * Participate in continuous quality improvement initiatives and projects * Foster compliance with state and federal rules and regulations * Work independently and as a team member and leader * Preserve confidential, protected health and personally identifiable information and files 	<ul style="list-style-type: none"> * Coordinate workflow of program area including the assignment of tasks and distribution of work. * Review and analyze data, maintain and update spreadsheets, databases and systems and resolve discrepancies. * Perform and assist with medical billing and claiming activities to obtain from liable payers reimbursement for services provided by state-operated facilities and community-based programs. * Identify and coordinate access to Medicaid (MassHealth), Medicare and commercial health care insurance, Social Security Administration and other programs and benefits. * Outreach to, proactively support and work with clients, clients' families, guardians and representatives to complete and process applications, forms and other documents required to determine, re-determine, validate, reinstate and maintain health care coverage and related benefits. * Perform and assist with broad spectrum of business services or specific services and focused activities. * Provide internal and external customers with professional customer service including responding to and following up on inquiries. * Write, review, prepare and maintain business documents including reports, contracts, manuals, procedures and presentations. * Participate in professional training and cross-training activities to enhance performance and skills. * Participate in continuous quality improvement initiatives and projects. * Foster compliance with state and federal rules and regulations. * Work independently and as a team member and leader. * Preserve confidential, protected health and personally identifiable information and files. 	<ul style="list-style-type: none"> * Supervise and train staff and participate on hiring and performance evaluation activities. * Oversee and manage day-to-day business services and operations of program areas ensuring the provision of professional customer service. * Direct and manage medical billing and claiming activities. * Direct and manage activities to identify, coordinate and maintain access to health care coverage and related benefits. * Direct and manage broad spectrum of business services or specific services and focused activities. * Review and analyze data, maintain and update spreadsheets, databases and systems and resolve discrepancies. * Provide internal and external customers with professional customer service including responding to and following up on inquiries. * Write, review, prepare and maintain business documents including reports, contracts, manuals, procedures and presentations. * Participate in professional training and cross-training activities to enhance performance and skills. * Participate in continuous quality improvement initiatives and projects. * Foster compliance with state and federal rules and regulations. * Work independently and as a team member and leader. * Preserve confidential, protected health and personally identifiable information and files. 	<ul style="list-style-type: none"> * Manage and perform medical billing and accounts receivable activities to obtain from liable payers reimbursement for services provided by state-operated facilities and community-based programs. * Manage and monitor the assessment and calculation of charges for care payments and the preparation, distribution and reconciliation of statements. * Manage outreach activities to proactively support and work with clients, clients' families, guardians and representatives to complete and process applications, forms and other documents required to determine, re-determine, validate, reinstate and maintain health care coverage and related benefits. * Lead and perform activities to identify and coordinate access to Medicaid (MassHealth), Medicare and commercial health care insurance, Social Security Administration and Veterans' Administration programs and benefits * Oversee and manage business activities and day-to-day operations of assigned unit * Responsible for the supervision and training of staff to include hiring, firing and evaluating/documenting performance. Review and analyze data, maintain and update spreadsheets, databases and systems and resolve discrepancies. * Provide internal and external customers with professional customer service including responding to and following up on inquiries. * Participate in continuous quality improvement initiatives and projects. * Foster compliance with state and federal rules and regulations. * Work independently and as a team member and leader. * Preserve confidential, protected health and personally identifiable information and files.
Required Qualifications	<ul style="list-style-type: none"> * Associate's degree or equivalent relevant experience. * Familiarity with database and spreadsheet applications * Ability to communicate effectively * Ability to adapt and change direction in response to changes in the business environment 	<ul style="list-style-type: none"> * Associate's degree or equivalent relevant experience. * Two years of related experience. * Familiarity with database and spreadsheet applications such as Microsoft Office Excel. * Ability to communicate effectively. * Ability to adapt and change direction in response to changes in the business environment. 	<ul style="list-style-type: none"> * Bachelor's degree or equivalent relevant experience. * Three years of related experience * Knowledge of state and federal health care programs and benefits * Strong customer service and written and verbal communication skills * Proven ability to prioritize and coordinate multiple tasks and meet deadlines * Familiarity with database and spreadsheet management and applications such as Microsoft Office Excel * Ability to adapt and change direction in response to changes in the business environment 	<ul style="list-style-type: none"> * Bachelor's degree or equivalent related experience. * Four years of related experience. * Knowledge of state and federal health care programs and benefits. * Excellent customer service and written and verbal communication skills. * Proven ability to prioritize and coordinate multiple tasks and meet deadlines * Solid skills with database and spreadsheet management and applications such as Microsoft Office Excel. * Ability to adapt and change direction in response to changes in the business environment . 	<ul style="list-style-type: none"> * Bachelor's degree in Finance, Public Administration or Business; or equivalent. * Seven years' experience in fiscal management, finance or public administration or other related experience to include at least three years of supervisory or managerial experience * Proven skills and experience in financial or operational management. * Thorough knowledge of funding and revenue sources for health and human services programs. * Contract development and management skills and experience. * Strong management and leadership skills and experience. * Excellent customer service, written and verbal communication skills. * Demonstrated ability to prioritize and coordinate multiple tasks and meet deadlines.
FLSA Status	Non Exempt	Non Exempt	Exempt	Exempt	Exempt
Promotional Process	Requisition	Requisition or In-family Promotion from PPR Assistant	Requisition or In-family Promotion from PPR Specialist	Requisition or In-family Promotion from PPR Coordinator	Requisition Stand alone position not considered part of any job family