

**City and County of San Francisco**  
Micki Callahan  
Human Resources Director



**Department of Human Resources**  
*Connecting People with Purpose*  
www.sfdhr.org

**NOTICE OF FINAL ACTION TAKEN BY THE  
HUMAN RESOURCES DIRECTOR**

Date: September 11, 2019

Re: **Notice of Proposed Classification Actions – Final Notice No. 09 FY 19/20 (copy attached).**

In the absence of requests to meet addressed to the Human Resources Director, the classification actions contained in the above referenced notice became effective September 11, 2019.

Micki Callahan  
Human Resources Director

by:

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Steve Ponder  
Classification and Compensation Director  
Human Resources

cc: All Employee Organizations  
All Departmental Personnel Officers  
DHR – Class and Comp Unit  
DHR – Client Services Unit  
DHR – Employee Relations Unit  
DHR – Recruitment and Assessment Unit  
DHR – Client Services Operations  
Micki Callahan, DHR  
Michael Brown, CSC  
Sandra Eng, CSC  
Christopher Colandene, SFERS  
Theresa Kao, Controller/ Budget Division  
E-File

**NOTICE OF PROPOSED CLASSIFICATION ACTIONS BY  
THE HUMAN RESOURCES DIRECTOR**

The following actions are being posted in accordance with Civil Service Rule 109. In the absence of a protest addressed to the Human Resources Director, the proposed changes will become final seven (7) calendar days from the posting date.

**Posting No:** 09  
**Fiscal Year:** 2019/2020  
**Posted Date:** 09/03/2019  
**Reposted Date:** N/A

**AMEND THE FOLLOWING JOB SPECIFICATION(S):**  
**(Job specification(s) attached)**

Item #	Job Code	Title
1	1635	Health Care Billing Clerk I
2	1636	Health Care Billing Clerk II
3	1637	Patients Accounts Clerk
4	1662	Patient Accounts Assistant Supervisor
5	1663	Patients Accounts Supervisor
6	1664	Patient Accounts Manager

**Protests on an item should be addressed to the Human Resources Director** and can be submitted by mail to the City and County of San Francisco, Department of Human Resources, 1 South Van Ness Ave, 4th Floor, San Francisco, CA 94103 or by email to [DHR.ClassificationActionPostings@sfgov.org](mailto:DHR.ClassificationActionPostings@sfgov.org). All protests must be received in writing no later than close of business seven (7) calendar days from the posting date, and must include the posting and item number(s), the basis on which the protest is submitted and identify the affected parties.

Copies of this notice may be obtained from the Department of Human Resources or from the website at: <http://sfdhr.org/index.aspx?page=109>. Copies of Civil Service Rule 109 may be obtained from the Department of Human Resources, the office of the Civil Service Commission at 25 Van Ness Ave, Suite 720, San Francisco, CA 94102 or from the website at: [Rule 109 Position Classification and Related Rules | Civil Service Commission](#).

cc: All Employee Organizations  
All Departmental Personnel Officers  
DHR – Class and Comp Unit  
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**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk I  
Job Code: 1635**

**DEFINITION**

Under supervision, reviews and evaluates medical claims to third-party payors, Medicare, and Medi-Cal for services provided to patients by the Department of Public Health. This classification is the entry-level class in the series.

**DISTINGUISHING FEATURES**

The 1635 Health Care Billing Clerk I is responsible for reviewing and evaluating all types of claims, including updating insurance information, and processes routine claims whereas the 1636 Health Care Billing Clerk II is responsible for processing all types of claims.

**SUPERVISION EXERCISED**

None.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

*According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.*

1. Reviews, evaluates, and processes bills for services rendered to patients in order to obtain reimbursement from various insurance carriers and government programs.
2. Evaluates billing documents and claims data for accuracy and completeness, obtaining missing or correct data when necessary from sources such as the patient's medical record, discharge summary, and Admissions forms.
3. Prepares the claims forms by completing the information required and categorizing the billing charges by grouping them according to types of medical services provided.
4. Reviews electronic and lockbox payments and posts to corresponding accounts.
5. Researches questions and concerns, and provides assistance to patients, physicians, insurance and legal representatives, and others regarding claims reimbursement and coverage.
6. Queries electronic databases in order to verify patient's medical records number to ensure that the proper medical chart is requested.

**KNOWLEDGE, SKILLS, AND ABILITIES**

Knowledge of: Medical claims processing for reimbursement; basic medical terminology; modern office practices and procedures; payment posting procedures.

Ability or Skill to: Perform detailed clerical work in a methodical and thorough manner and with speed and accuracy; read and analyze a medical chart; deal courteously and effectively with a variety of people; perform basic math; operate a personal computer using word processing, spreadsheet and database software.

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk I  
Job Code: 1635**

**MINIMUM QUALIFICATIONS**

*These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.*

**Education:**

**Experience:**

Six (6) months of experience billing, claims processing and/or collecting healthcare service reimbursements or medical claims from Medi-Cal (Medicaid), Medicare, insurance, third-party payors, and individual payors in a hospital, healthcare agency, or healthcare billing organization.

**License and Certification:**

**Substitution:**

Completion of 15 semester units or 22 quarter units of medical billing related coursework from an accredited college or university may substitute for six (6) months of qualifying experience.

**SUPPLEMENTAL INFORMATION**

**PROMOTIVE LINES**

To: 1636 Health Care Billing Clerk II

**ORIGINATION DATE:** 10/02/1979

**AMENDED DATE:** 03/13/18; 09/11/19

**REASON FOR AMENDMENT:** *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

**BUSINESS UNIT(S):** COMMN SFMTA SFCCD SFUSD

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk II  
Job Code: 1636**

**DEFINITION**

Under general supervision, processes difficult and complex medical claims to Medicare, Medi-Cal, commercial and third-party payors for services provided to patients by the Department of Public Health. This classification is the journey-level class in the series responsible for performing the full range of duties.

**DISTINGUISHING FEATURES**

The 1636 Health Care Billing Clerk II is distinguished from the 1635 Health Care Billing Clerk I in that the latter processes routine claims and is primarily responsible for reviewing and evaluating claims whereas the 1636 processes all types of claims including those that are difficult and complex.

**SUPERVISION EXERCISED**

None.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

*According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.*

1. Processes bills and claims for services rendered to patients in order to obtain reimbursement from Medicare, Medi-Cal, commercial, and third-party payors based upon current governmental billing rules and regulations.
2. Evaluates billing documents and claims data for accuracy, completeness and program compliance.
3. Prepares the initial claims and the follow-up claim if necessary by categorizing charges according to the types of medical services provided, completing medical information, verifying that all charges relate to the diagnosis and calculating the charges and benefits according to regulations.
4. Spends down Medi-Cal share of cost in order to certify monthly coverage to allow processing of claims.
5. Posts payments received from various payors, including Medicare, Medi-Cal, commercial, and third-party payors.
6. Sends Claims Inquiry Forms (CIFs), appeals, and tracers on unpaid accounts at predetermined intervals.
7. Researches questions and denials and provides assistance to patients, physicians, insurance and legal representatives, fiscal intermediaries and other regarding claims reimbursement and coverage.
8. Produces reports relevant to billing and claims activities using electronic databases.

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk II  
Job Code: 1636**

**KNOWLEDGE, SKILLS, AND ABILITIES**

Knowledge of: Medical claim processing for reimbursement from Medicare, Medi-Cal, commercial, and third-party payors; medical terminology; modern office practices and procedures; Medicare and Medi-Cal rules and regulations, including Short-Doyle Medi-Cal system; payment posting procedures.

Ability or Skill to: Perform detailed clerical work in a methodical and thorough manner with speed and accuracy; read and analyze a medical chart; deal courteously and effectively with a variety of people; perform basic math; and operate a personal computer using word processing, spreadsheet and database software.

**MINIMUM QUALIFICATIONS**

*These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.*

Education:

Experience:

One (1) year of experience billing, claims processing and/or collecting healthcare services reimbursements or medical claims from Medi-Cal (Medicaid), Medicare, insurance, third-party payors, and individual payors in a hospital, healthcare agency, or healthcare organization.

License and Certification:

Substitution:

Completion of 15 semester units or 22 quarter units of medical billing related coursework from an accredited college or university may substitute for six (6) months of qualifying experience.

**SUPPLEMENTAL INFORMATION**

**PROMOTIVE LINES**

To: 1637 Patients Accounts Clerk

From: 1635 Health Care Billing Clerk I

**ORIGINATION DATE:** 10/02/1979

**AMENDED DATE:** 03/13/18; 09/11/19

**REASON FOR AMENDMENT:** *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

**BUSINESS UNIT(S):** COMMN SFMTA SFCCD SFUSD

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patients Accounts Clerk  
Job Code: 1637**

**DEFINITION**

Under general supervision, collects payments on delinquent accounts for services that have been rendered to patients of the Department of Public Health.

**DISTINGUISHING FEATURES**

This classification is distinguished from the classifications of 1635 Health Care Billing Clerk I and 1636 Health Care Billing Clerk II in that the 1637 Patient Accounts Clerk monitors the work of Billing Clerks by following the individual accounts through to completion and making sure that all the billing recommendations have been followed.

**SUPERVISION EXERCISED**

None.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

*According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.*

1. Reviews and edits bills and claims to make sure the information is accurate and complete.
2. Collects payments on outstanding accounts for which tracers have already been sent according to predetermined schedules.
3. Performs the more technically difficult or complicated billing, accounts receivable, or collections work of the unit, including preparing spreadsheets on more difficult accounts.
4. Compiles information and prepares all documents for transferring outstanding accounts to the Bureau of Delinquent Revenue of the Tax Collector's Office following procedures as specified in the City Charter.
5. Handles specialized accounts, such as the "full bill" accounts in which payments are made directly by the patient rather than by a third-party payor and accounts involving lawsuits and estates.
6. Communicates with patients, physicians, insurance representatives and other for the purpose of collecting payments.

**KNOWLEDGE, SKILLS, AND ABILITIES**

Knowledge of: Complex government and commercial regulations applicable to billing for reimbursement; priority of billing Medicare and Medi-Cal based on the patient's types of coverage; accounts receivable procedures; credit interviewing techniques; legal requirements for transferring accounts to the Bureau of Delinquent Revenue and basic concepts of Electronic Data Processing.

Ability or Skill to: Perform accurate mathematical calculations; interpret complex laws and regulations; exercise judgment in determining follow-up actions; communicate effectively orally and in writing; establish and maintain effective working relationships; and use a personal computer to enter and update data, create documents and use system applications, e-mail, spreadsheets, and word-processing software.

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patients Accounts Clerk  
Job Code: 1637**

**MINIMUM QUALIFICATIONS**

*These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.*

**Education:**

**Experience:**

Eighteen (18) months of experience billing, claims processing and/or collecting healthcare service reimbursements or medical claims from Medi-Cal (Medicaid), Medicare, insurance, third-party payors, and individual payors in a hospital, healthcare agency, or healthcare billing organization.

**License and Certification:**

**Substitution:**

Completion of 15 semester units or 22 quarter units of medical billing related coursework from an accredited college or university may substitute for six (6) months of qualifying experience.

**SUPPLEMENTAL INFORMATION**

**PROMOTIVE LINES**

To: 1662 Patient Accounts Assistant Supervisor

From: 1636 Health Care Billing Clerk II

**ORIGINATION DATE:** 10/02/1979

**AMENDED DATE:** 03/13/18; 09/11/19

**REASON FOR AMENDMENT:** *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

**BUSINESS UNIT(S):** COMMN SFMTA SFCCD SFUSD



**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patient Accounts Assistant Supervisor  
Job Code: 1662**

**DEFINITION**

Under general supervision, supervises a unit involved in processing health care claims for reimbursement: monitors accounts, bills and reports; interprets, implements and enforces policies and procedures; traces and adjusts bills; assists patients and third party payors; assists the Patient Accounts Supervisor and performs related duties as required. This classification is the first supervisory level in the patient account series.

**DISTINGUISHING FEATURES**

The classification is responsible for resolving problems in cases assigned to the unit and monitoring, accounts assigned to subordinates. This classification differs from that of the 1663 Patients Accounts Supervisor in that the Patient Accounts Supervisor is responsible for supervising, the entire billing or collections sections of a large billing department whereas the subject classification is only responsible for supervising a unit within one of those sections.

**SUPERVISION EXERCISED**

Supervises a staff unit engaged in health care billing.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

*According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.*

1. Provides immediate supervision to a staff involved in processing claims for reimbursement; reviews work of subordinates for complete documentation as required for claims processing; resolves problems in cases assigned to unit; performs related duties such as preparing, employee production reports and timerolls and screening and distributing mail.
2. Using computer reports to identify problem areas, monitors accounts assigned to billing clerks in order to ascertain timely processing; monitors patient accounts transferred from other hospitals; monitors pending Medi-Cal bills for completeness; monitors exception report printout listing accounts in pre-billing stage for correct coding.
3. Assists in implementing new procedures when State and Federal laws governing reimbursement changes interprets relevant Medi-Cal and Medicare regulations; enforces existing business office procedures for claims processing.
4. Traces Medi-Cal reports by analyzing and researching denials of reimbursement either personally or through assignment to subordinates; uses tracer report to verify reasons for unpaid bills; uses restricted access to terminals to make billing adjustments; researches private insurance claims for missing information.
5. Assists patients with forms and questions; assists in all incoming calls or correspondence relating to third party payor inquiries; contacts patients or Department of Social Services for verification of Medi-Cal status contacts auxiliary departments concerning problems involving documentation required for billing.
6. Handles Patient Accounts Supervisor's responsibilities in his or her absences assists supervisor in preparing reports for annual audit.

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patient Accounts Assistant Supervisor  
Job Code: 1662**

**KNOWLEDGE, SKILLS, AND ABILITIES**

Knowledge: Requires thorough knowledge of medical claims processing procedures, including complex Federal Medicare, State Medicaid and Universal Billing Forms regulations applicable to hospital and mental health billing; knowledge of the basic principles of accounts receivable, including posting of payments and adjustments of errors prior to billing; familiarity with the basic principles of electronic data processing.

Ability or Skill to: explain complex policies and procedures to a wide variety of people, such as hospital staff and patients; apply billing and collections methods and procedures; supervise the work of subordinates.

**MINIMUM QUALIFICATIONS**

*These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.*

Education:

Experience:

Two (2) years of experience billing, claims processing and/or collecting healthcare service reimbursements or medical claims from Medi-Cal (Medicaid), Medicare, insurance, third party payors, and individual payors in, a hospital, healthcare agency, or healthcare billing organization.

License and Certification:

Substitution:

**SUPPLEMENTAL INFORMATION**

**PROMOTIVE LINES**

From: 1637 Patient Accounts Clerk

To: 1663 Patient Accounts Supervisor

**ORIGINATION DATE:** 01/14/1985

**AMENDED DATE:** 09/11/19

**REASON FOR AMENDMENT:** *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

**BUSINESS UNIT(S):** COMMN SFMTA SFCCD SFUSD

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patients Accounts Supervisor  
Job Code: 1663**

**DEFINITION**

Under direction, assigns, supervises and reviews the work of staff engaged in the billing, claims processing, collections and/or posting of reimbursements and payments of services rendered by the Department of Public Health of the City and County of San Francisco and performs related duties as required. This classification is responsible for the everyday supervision of a billing, collections, claims processing or a cash posting unit in a billing department/ specialty health services program or over a unit performing both functions in a small billing department.

**DISTINGUISHING FEATURES**

It differs from the classification of 1662 Patient Accounts Assistant Supervisor in that a 1662 is responsible for supervising a unit within the billing or collection sections whereas the 1663 Patient Accounts Supervisor is responsible for supervising the entire billing or collection sections of a large billing department. This classification also differs from classification 1664 Patient Accounts Manager in that the Patient Accounts Manager is responsible for the day-to-day administration over the entire billing and collections department of a large medical facility.

**SUPERVISION EXERCISED**

Directs and supervises personnel assigned to the Patient Accounts Department.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

*According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.*

1. Assigns, supervises and reviews the work of subordinate personnel engaged in the processing of healthcare medical claims and/or the collection of patient accounts including handling patient complaints regarding billing; interprets, implements, and enforces policies and procedures related to billing, collections and cash posting, which may include Medicare, Medi-Cal and other state and federal payer regulations.
2. Coordinates procedures with other divisions within the Department of Public Health, other City and County departments and contractor agencies, including the Bureau of Delinquent Revenue of the Tax Collector's Office; refers accounts to and furnishes the Bureau of Delinquent Revenue with information regarding delinquent accounts; supervises the processing of bills necessary to comply with subpoenas and the obtaining of assignment of benefits for patients so insured; corresponds with attorneys in connection with the payment of bills.
3. Maintains and reviews records and reports such as audit trails for federal and state auditors, California Hospital Facilities Commission reports, monthly reports of accounts receivable, cost reports and other financial records.
4. Establishes audit and control procedures as a part of a data collection system for service charges; works with systems analysts in order to correct any detailed problems in individual cases within the Electronic Data Processing system.
5. Attends meetings and seminars in order to keep informed of changes in billing regulations, collection procedures and Utilization Review guidelines.

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patients Accounts Supervisor  
Job Code: 1663**

**KNOWLEDGE, SKILLS, AND ABILITIES**

Knowledge: Medicare, Medi-Cal, health insurance plans, and other state and federal regulations concerning reimbursement at the level of training subordinates in this area; the basic principles of accounts receivable, accounts payable, adjustment posting; familiarity with the basic principles of Electronic Data Processing, HIPAA transactions and code sets.

Ability or Skill to: make proper interpretations of Medicare, Medi-Cal, health insurance plans and other state and federal regulations concerning reimbursement; plan, review and supervise the work of subordinates engaged in health care billing and collections; adapt the basic principles of Electronic Data Processing to the volume and variety of data in a large facility; work effectively with a wide variety of individuals and groups, and use effective written and oral communication. operating a ten-key adding machine and computer operating systems to train others. Skill in identifying pertinent legal references in order to interpret legal procedures involved in the collection of present liens on file will be acquired on the job.

**MINIMUM QUALIFICATIONS**

*These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.*

Education:

Experience:

Four (4) years of experience billing, claims processing and/or collecting medical claims or healthcare service reimbursements from Medicare, Medi-Cal (Medicaid), insurance, third-party payors, and individual payors in a hospital, healthcare agency or healthcare billing organization of which two (2) years must be in a supervisory capacity .

License and Certification:

Substitution:

**SUPPLEMENTAL INFORMATION**

**PROMOTIVE LINES**

To: 1664 Patient Accounts Manager  
From: 1662 Patient Accounts Assistant Supervisor

**ORIGINATION DATE:** 10/02/1979

**AMENDED DATE:** 09/21/15; 09/11/19

**REASON FOR AMENDMENT:** *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

**BUSINESS UNIT(S):** COMMN SFMTA SFCCD SFUSD

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patient Accounts Manager  
Job Code: 1664**

**DEFINITION**

Under general direction, administers the activities of the billing, claims and/or collections unit within a health care agency of the City and County of San Francisco.

**DISTINGUISHING FEATURES**

This class oversees a small Patient Accounts or Billing Unit, a Health Plan Claims Unit, or other specialized and complex section within an agency's Patient Accounts Department. It is distinguished from the 1663 Patient Accounts Supervisor in that the latter is responsible for the immediate supervision of a billings, collections, claims processing and/or cash posting unit in a billing department or a specialty health services program. Additionally, the 1664 Patient Accounts Manager is responsible for requesting modifications in the Electronic Health Record (EHR) system to meet hospital, health plan or agency needs, whereas the 1663 Patient Accounts Supervisor is responsible for the actual details of the Electronic Health Record system as they pertain to individual cases.

**SUPERVISION EXERCISED**

Directs and supervises personnel assigned to the Patient Accounts Department.

**EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

*According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.*

1. Through subordinate supervisory personnel, administers the staff and activities within the Billing, Claims and/ or Collections department; coordinates activities of the various units, including patient accounts billing, claims processing, payment collections, data entry and control; maximizes staff productivity by assigning duties, making recommendations concerning employee status and planning and implementing the staff development program.
2. Develops, interprets, coordinates and enforces policies, methods and procedures; conducts staff meetings for the purpose of evaluating and disseminating information about departmental policies and procedures; establishes liaisons with other government and non-government department/organizations
3. Performs various administrative duties such as preparing input for the annual budget request, investigating complaints about services, attending meetings to exchange information and for planning, developing policies and procedures.
4. Reviews computer-produced reports, daily statistical data, census reports and accounts receivable records; prepares monthly revenue analysis of charges made by each department providing medical services.
5. Administers the transfer of delinquent accounts to the Bureau of Delinquent Revenue of the Tax Collector's Office; confers with attorneys, title insurance companies and real estate firms concerning the release of existing liens against patients; property in order to settle unpaid accounts; testifies in court as to the status of patient's bills when legal claims have been filed.

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patient Accounts Manager  
Job Code: 1664**

6. Coordinates electronic data processing, billing and collections and data submitted by departments providing medical and specialty behavioral health services; administers the collecting, editing, transmission and controls over data required for computer processing of itemized bills.

**KNOWLEDGE, SKILLS, AND ABILITIES**

Knowledge: complex federal Medicare, state Medi-Cal and private insurance regulations applicable to hospital and specialty healthcare services billing; sequential billing priorities based upon a patient's type of coverage or healthcare benefits; procedures for collecting payments on delinquent accounts; the basic principles of accounts receivable, including posting payments and adjustments to accounts and reconciling receipts and payments. Requires knowledge of: HIPPA transactions and code sets, CMS 1500 claims, electronic data processing methods, principles and procedures; the operation and use of a complex variable task computer system; appropriate formats for submission of data to the EDP or other Units/ Agencies.

Ability or Skill to: plan, formulate, develop and execute policies for the Billing, Claims and/or Collections Department of a medical facility or healthcare agency; supervise and coordinate the activities of a large group of employees; understand and apply methods and procedures appropriate to the field of health care billing and collections; communicating tactfully, courteously and effectively with a variety of people to explain complex policies and resolve complaints; writing and preparing correspondence, reports and financial records; use of a ten key adding machine and computer operating systems and business software applications to train others in their use.

**MINIMUM QUALIFICATIONS**

*These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.*

Education:

Experience:

Five (5) years of experience billing, claims processing, and/or collecting healthcare service reimbursements or medical claims from Medi-Cal (Medicaid), Medicare, insurance, third party payors, and individual payors in a hospital healthcare agency or healthcare billing organization of which three (3) years must be in a supervising capacity.

License and Certification:

Substitution:

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patient Accounts Manager  
Job Code: 1664**

**SUPPLEMENTAL INFORMATION**

**PROMOTIVE LINES**

From: 1663 Patient Accounts Supervisor

To:

**ORIGINATION DATE:** 01/22/1990

**AMENDED DATE:** 09/21/15; 09/11/19

**REASON FOR AMENDMENT:** *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

**BUSINESS UNIT(S):** COMMN SFMTA SFCCD SFUSD