CALIFORNIA MEDICAL ASSOCIATION
JOB DESCRIPTION

TITLE: Physician Advocate  LOCATION: RCMA
DIVISION: Center for Economic Services  EXEMPTION STATUS: Exempt
REPORTS TO: General Counsel/Vice President

POSITION SUMMARY:
Advocates for CMA/CMS physician members on reimbursement and medical practice issues. Develops resources and tools to empower physician practices and directly assists members with individual reimbursement issues. Strong focus on creating and conducting workshops and seminars on reimbursement and practice management related issues for physicians and their staff primarily in Riverside and Orange Counties.

Establishes effective relationships with private and government payors and regulatory entities that promote a problem-solving focus on member specific issues.

Stays current on reimbursement and practice management related matters. Achieves and maintains knowledge base on assigned topics. Provides assistance and education on reimbursement and related practice management topics to CMA/CMS members and their staff.

DUTIES/RESPONSIBILITIES:

- Ability to create, promote and conduct workshops and seminars on reimbursement and practice management related issues for county medical societies and CMA.

- Assist in organizing and coordinating office manager meetings in Riverside and Orange counties.

- Respond to phone inquiries and correspondence on reimbursement and practice management issues reported by physician members/staff and county medical society executives. Obtains supporting documentation from physicians as needed and works with payors to obtain timely and accurate resolution.

- Maintain files and log all inquiries in database. Identify trends or patterns in inquiries received. Works with other CES staff to identify problem areas, problem payors, or issues that warrant deeper review or focused intervention.

- For assigned payors, develop relationship with designated contact persons to facilitate a collaborative exchange of information and promote responsiveness to CMA/CMS requests. Such relationships must be handled with the utmost professional demeanor and focus on solutions to the underlying issues, not just the presenting problem.

- Develop knowledge of general coding principles and detailed understanding of applicable regulations, payor products, payment policies, utilization management requirements and appeals processes with sufficient expertise to support members and other CES personnel in handling complaints.
• Consult and coordinate with physician and staff on reimbursement problems, concerns related to
cyor performance and practice operations issues.

• Develop educational materials and associated resources and programs within area of expertise,
including toolkits, primers, and seminars.

• As part of overall communications, develop short articles, reports and tips to assist CMA/CMS
members in getting paid.

• Research and analyze relevant California and federal laws and regulations when necessary to
address member inquiries.

CONTACTS:
Significant contact with member physicians and their office staff, county medical societies, regulators,
and payor representatives.

GENERAL KNOWLEDGE/EXPERIENCE/EDUCATION AND SKILLS:

• Working knowledge of medical practice operations to include billing and collection process,
payor contracting, practice management or related activities derived from personal experience in
medical practice or health plan operations.

• Strong written and oral presentation skills.

• Ability to research problems, obtain information from appropriate sources and respond to
members in a timely fashion.

• General knowledge of California and Federal laws and regulations pertaining to the healthcare
industry, including but not limited to Health & Safety Code, Insurance Code, Labor Code, etc.

• Ability to handle multiple complex issues in a fast paced environment.

• Ability to read and understand technical documents such as provider manuals and federal register.

• Strong interpersonal skills that encourage openness, trust and productive relationship building.

• Ability to work well as a member of a team.

• Ability to actively listen and engage others in problem solving.

• Maintain good working relationships with physician members and their staff, payors and co-
workers.

SUPERVISION:
Works with minimal supervision under the direction of the Center Vice President, Center Senior Director
and County Medical Society Executives.
EQUIPMENT OPERATION:
Position requires operation of normal office equipment, computer, printers, photocopying, fax machines and multi-line phone.

PHYSICAL REQUIREMENTS:
Visual acuity to read hard copy and electronic media, hearing and communication ability sufficient to easily understand verbal communications and be able to respond, manual dexterity and physical strength sufficient to manage multiple page reports as well as provider manuals and reference manuals. Requires calm, professional demeanor and ability to work under stress.

TRAVEL:
Position requires travel, primarily within Riverside and Orange counties. However, travel to other areas within California may also be required at times.

This Job Description reflects the general level and nature of the job and is not intended to be all inclusive.

REQUIRED COMPETENCIES:

Billing and Reimbursement
- Ability to resolve reimbursement and billing problems. Working knowledge of medical practice billing and collection processes, claims processing procedures of government and private third party payors. Must learn and understand current payment policies of the major payors and be able to review and interpret EOBs and other payor communication. Understanding of key contract provisions related to provider enrollment, network participation, claims submission and payment rules.

Oral Presentation
- Heavy focus on creating and providing education materials and workshops for physician members and their staff.

Practice Operations
- Understanding of basic administrative functions and workflows in a physician practice, including general management issues and common roles and responsibilities.

Coding
- General knowledge of coding systems, including ICD-9, CPT and HCPCS as they relate to payment rules and documentation guidelines.

Practice Empowerment
- Ability to develop educational resources and tools to empower member practices, such as short articles and toolkits, and create and conduct educational seminars.