

ACCELHEALTH

JOB DESCRIPTION

I. JOB TITLE:

Date:

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|---------------------------|--------------------------------|
| A. POSITION: | BILLING SPECIALIST |
| B. CLASSIFICATION: | Non-Exempt |
| C. ACCOUNTABLE TO: | Lead Billing Specialist |
| D. DEPARTMENT: | Financial |
| E. PROGRAM | CHC |
| F. OSHA Category: | 3 |

II. JOB SUMMARY:

Responsible for the timely and accurate filing of all insurance claims, payment postings, and denial processing to ensure revenue maximization. Generates revenue by making payment arraignments, collecting accounts and pursuing delinquent accounts. Uses good communication skills to interact with insurance companies to get information about the policy of the patient and an understanding of what is covered by that policy.

III. DUTIES AND RESPONSIBILITIES:

- A. Prepares and submits clean claims to various insurance companies either electronically or by paper, within company procedure timeframes.
 - i. Reviews patients' encounter forms to ensure accuracy and completeness prior to filing; taking the necessary action to correct the encounter form by contacting the provider, HIT department, 3rd party insurance carrier, or the patient.
- B. Enters, on a timely basis all charges, payments, credits, and adjustments by pay classification into the practice management software system.
 - i. Appeals and /or resubmits denied or rejected insurance claims timely to ensure payment. Enters denial reasons into practice management system to ensure accurate reporting to identify and fix potential operations problems.
- C. Stays abreast with rules and regulations for all payers, including state and federal regulations surrounding medical/dental billing; ensuring accurate claims submission.
- D. Answers questions from patients, other staff and insurance companies regarding claims or account status.
- E. Prepares, reviews and sends patients statements, identifies and resolves patient billing complaints.

- F. Reviews patient bills for accuracy and completeness and obtains any missing information.
- G. Follows up on unpaid claims within standard billing cycle timeframes; identifying and billing all secondary and tertiary insurances.
- H. Processes payments from insurance companies per company policy, checking the payment for accuracy and compliance with contract discount; calling the insurance company regarding any discrepancy in payment if necessary and informing Billing Supervisor of all such discrepancies timely.
- I. Evaluates patient's financial status and establishes budget payment plans, monitoring payments and following up with patients when lapses occur. Follows and reports status of delinquent accounts to Billing Supervisor.
- J. Maintains Medicare bad-debt cost report by tracking billings, monitoring collections and compiling information.
- K. Responsible for following billing and collection policies and procedures.
- L. Assists patients and family as necessary with understanding insurance plan benefits and requirements.
- M. Secures outstanding balance payments for care of AccelHealth employees by establishing payroll deductions, obtaining signatures from staff, and communicating outstanding balances to payroll at least monthly.
- N. Anticipates patient customer service needs and assists immediately with the resolution of patient complaints for all AccelHealth and other complaints as referred by the staff. Periodically assists management with customer service training presentations for clinic personnel.
- O. Accepts job related training assignments and development in new tasks and technologies.
- P. Abides by infection control and hazardous materials policies and procedures as dictated in the AccelHealth Infection Control and Safety Manuals.
- Q. Performs other related duties incidental to the work described herein as may be assigned or delegated, (similar physical requirements and OSHA risk level).
- R. Works in conjunction with other Billing Clerks to promote at "team effort".
- S. Performs duties in accordance with AccelHealth Standards of Conduct and Mission Statement or as required by management.

IV. REQUIRED SKILLS AND/OR ABILITIES:

To perform the job successfully, an individual should demonstrate the following competencies to perform the essential functions of this position.

- A. Medical-demonstrates a working knowledge of medical office procedures, medical records, coding, and third party payer systems; maintains knowledge of, and acts in accordance with, current AccelHealth policies and procedures.
- B. Problem solving-identifies and resolves problems in a timely manner and gathers and analyzes information skillfully.
- C. Interpersonal skills-maintains confidentiality, remains open to others' ideas and exhibits willingness to try new things; maintains friendly and supportive relationships with coworkers; talks through problems to keep channels of communication open and maintain a high level of trust; realizes the importance of, and practices, good customer service; and able to communicate effectively with people of varying cultures, socio-economic backgrounds, languages, and educational levels.
- D. Oral communication-speaks clearly and persuasively in positive or negative situations, demonstrates group presentation skills.
- E. Written communication-edits work for spelling and grammar, presents numerical data effectively and is able to read and interpret written information.
- F. Planning/organizing-prioritizes and plans work activities, uses time efficiently.
- G. Quality control-understands the importance of compliance standards and pays close attention to accuracy and detail when performing duties.
- H. Adaptability-adapts to changes in the work environment manages competing demands and is able to deal with frequent change, delays or unexpected events.
- I. Dependability-consistently at work and on time, follows instructions, responds to management direction and solicits feedback to improve performance.
- J. Safety and security-actively promotes and personally observes safety and security procedures, and uses equipment and materials properly.
- K. Computer & Math—proficient in Microsoft Word, Outlook, and Excel; proficient in basic math to make simple calculations; proficient in the use of practice management software to efficiently and accurately perform duties.

V. **PERFORMANCE STANDARDS:**

Performance will be evaluated by the Revenue Cycle Manager, using the AccelHealth Performance Evaluation Form wherein a satisfactory overall rating is considered a minimum acceptable level of performance.

VI. QUALIFICATIONS:

- A. Education: High School Diploma Degree or GED accepted.
- B. Experience: At least on year work experience in a medical office environment, to include work with Medicaid, managed care organizations, and other third party payers claims submission and appeals.
- C. Experience with medical and dental terminology, procedural and diagnosis coding (ICD, CPT, CDT).

VII. PHYSICAL REQUIREMENTS:

- 1. Must be able to perform the essential functions of the position.
- 2. Must be able to meet the attendance requirements of the position.
- 3. Must be able to able to travel to other clinic sites unassisted and valid Texas Driver's License.
- 4. Must be able to assist patients evacuate in the event of an emergency.
- 5. Must not pose a direct threat to the health or safety of other individuals in the workplace.

By signing below, I acknowledge that I have received a copy of this job description, that I have had an opportunity to review it, that it has been discussed with me, and I believe I can fulfill the duties contained therein.

Employee Signature

Date