

CASSOPOLIS FAMILY CLINIC NETWORK

Job Description

Title: Billing Representative II
Department: Finance

FLSA: Non-exempt
Location: Cassopolis

Originated: 8/18/10
Revised: 10/28/20

Summary: Submits accurate insurance claims to third party payers in a timely manner. Follows up on accounts to obtain appropriate payment, providing additional information and contacting customers as necessary.

Principle Duties and Responsibilities:

1. Promotes the mission and philosophy of providing quality health care and related services to the medically underserved. Upholds and ensures compliance with and attention to all corporate policies and procedures, as well as the mission and values of the organization.
2. Ensures all actions, job performance, personal conduct and communications represent the organization in a highly professional manner at all times.
3. Maintains a commitment to the achievement of quality health care services by maintaining patient rights, safety, privacy, confidentiality and excellent customer service philosophy.
4. Reviews claims for accurate information including correct patient insurance and demographic information, charges, payments, and the correct billing format.
5. Corrects billing errors and data omissions, contacting the Clinic(s) or patient/guarantor for additional information.
6. Works the Request for Review/Aging Report to review all unpaid bills.
7. Works denial and rejected work queues to correct claims for submission to payers.
8. Contacts insurances at 30 and 60-days to check on status of claim and resubmit if required.
9. Works denial work queues to correct claim and resubmit to appropriate agency.
10. Works to achieve productivity and claims data industry benchmarks.
11. Assists coders as needed in review and submission of charges to payers.
12. Posts payments made either by insurance, patients or other sources to the appropriate account as needed.
13. Ensures notes pertaining to account activity are clear and concise.
14. Responsible for reporting insurance contract discrepancies, patterns of denials and system issues.
15. Responsible for reporting technical system issues to IT department or supervisor.
16. Keep current on all payer and regulatory changes.
17. Responds quickly and professionally to all customers, (third party payers, physicians, employers, etc.) in a timely and professional manner. Understands billing manuals and tools for rejections for third party payers.
18. Performs other duties as assigned.

Knowledge, Skills and Abilities Required:

Education:

- High school graduate or successful completion of a G.E.D. program
- Must be able to pass basic tests for Medical Terminology and CPT coding
- Certificate in Medical Billing and Coding Preferred

Experience:

- 2 – 4 years of billing experience required
- Community Health Center billing experience preferred

Interpersonal:

- Ability to demonstrate customer focused verbal and written communication
- Independent judgment is needed to deal with exceptions to systems and edits specific to each third party payor:
 - o Comprehend third party policies and procedures
 - o Interpret third party vouchers and explanations of codes and benefits

Skill Level:

- Must have the mathematical ability to:
 - o Calculate balances on vouchers and accounts
 - o Use percentages to determine benefits
- Computer skills required

Physical/Environmental:

- Works in a normal office environment where there are minimal physical discomforts due to temperature, noise, dust and the like.
- Must have manual dexterity for use of a computers keyboard and calculators. Ability to remain stationary for periods of up to four hours. Ability to communicate via phone, mail and in person to resolve disputes, solve problems, etc. Requires sitting, walking, stooping, bending, ability to walk up stairs and lift 25lbs or more, carrying supplies and/or office equipment.
- Ability to interact with computer screen for up to six hours at a time (visual acuity required). Some exposure to visual strain due to close inspection of forms, physician notes, records and computer screens.
- Cognitive skills to analyze, calculate data, problem solve.
- Occasional exposure to communicable disease, unpleasant odors, noise due to clinic and/or data processing activities.

Reporting Relationships:

- Reports to Billing Manager

Disclaimer:

The above outlined specifications are not an all-inclusive list of job-related responsibilities, duties, skills, efforts, requirements or working conditions. All job requirements are subject to possible revision to reflect changes in the position requirements or to reasonably accommodate individuals with disabilities. Some requirements may exclude individuals who pose a threat or risk to the health and safety of themselves or other employees. This job description in no way states or implies that these are the only duties to which will be required in this position. Employees will be required to follow other job-related duties as requested by their supervisor/manager within guidelines and compliance with Federal and State laws. This job description does not constitute a contract of employment and the Company may exercise its employment-at-will rights at any time.