Community Health Alliance
Job Description
Medical Billing Specialist

Supervisor: Billing Supervisor

Job Description: The Medical Billing Specialist prepares services rendered by clinic providers for billing to multiple entities via electronic or hardcopy claim. Medical Billing Specialist reviews and resolves current day electronic rejected/invalid submissions for correction.

Knowledge, Skills and Abilities:
1. Knowledge of ICD-9, HCPCS and CPT coding systems.
2. Knowledge of health insurance programs, coverage offered and third party reimbursement mechanisms, including Medical Software System, Medicare and Medicaid.
3. Knowledge of an electronic medical record system; when applicable.
5. Knowledge of all health care services offered at each clinic site.
6. Knowledge of automated billing systems.
7. Skill in communicating effectively to peers, supervisors and patients and to handle stressful situations appropriately.
8. Skill in operating personal computer utilizing word processing, spreadsheets, databases, email and other office equipment.
10. Audits insurance information for appropriateness in current billing system.
11. Ability to prioritize work.
12. Ability to communicate both verbally and written.
13. Ability to maintain confidentiality of information, most importantly patient financial and medical information.
14. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.
15. Follows timely filing guidelines per payer to ensure maximum payment.
16. Ability to understand and respond appropriately, effectively and sensitively to special population groups as defined by race, ethnicity, language, age, sex, etc.
17. Ability to hear and speak well enough to converse over telephone.
18. Ability to see well enough to use computer efficiently and read computer reports and correspondence.
19. Ability to lift up to 20 pounds on a frequent basis.
20. Reasonable accommodation will be made for physical limitations on an individual basis.
21. Willingness to learn, understand and abide by Community Health Alliance policies and procedures.

Education and Experience: High school diploma or general education degree (GED) required, certified coder (CPC) preferred. A minimum of two years medical billing experience preferred, or an equivalent thereof.

I am able to perform all the duties specified above.

Employee Signature: ___________________________ Date: ________________

Print Name: ___________________________________________
Community Health Alliance
Responsibilities
Medical Billing Specialist

**Role:** Prepares and submits charges rendered by all clinic providers to the correct carrier via electronic or hardcopy claim; Understands multiple insurance carrier benefits and policies; abides by State and Federal guidelines for accurate and clean claim submission.

**General Duties**
1. Compiles and sorts documents, such as encounter forms, documenting service transactions
2. Audit ICD-9 and CPT coding functions
3. Prepares each day’s charges in Billing system
4. Clear daily pended charges
5. Audit charges rendered from Check-In, Check-Out daily appointments by provider for accuracy
6. Prepare and submit all appropriate claims for electronic submission and review for correction each day’s electronic invalid/rejected claims
7. Mail all hard copy claims with the required documentation to the appropriate carrier.
8. Refer any charges not billable to the appropriate clinic for correction
9. Ensure AR Payment Specialist has completed posting prior to closing Day Sheet
10. Sorts and files billing documents, including EOB’s, HCFA 1500’s,
11. Documents patient information on the billing system about the financial status
12. Any direct contact with patient must be HIPAA compliant
13. Advises patients of Community Health Alliance policies on sliding fee application
14. Confers with clinic front office staff regarding patient accounts
15. Skill in accuracy and attention to detail
16. Ability to work and interact effectively and positively with other staff members to build and enhance teamwork in all clinics and in the overall Community Health Alliance organization

**EMR Responsibilities; when applicable**
1. Verifies and ensures competency when utilizing EMR and EPM system
2. Utilizes EMR communications; when applicable
3. Obtains information from EMR to verify coding (ICD9, CPT, etc)
4. Print EMR documentation as needed by insurance companies (e.g. workers comp)
5. Utilizes reports generated from EMR and EPM system; when applicable
6. Insures patient confidentiality
7. Informs supervisor if inaccuracies are identified
8. Follows all policies and procedures pertaining to EMR

**Customer Service**
1. Sets the example of exemplary customer service for both internal and external customers
2. Responds to customer service calls in a professional manner
3. Reviews the terms of service performed, sliding fees, third party payments, and payment collection with patient via telephone
4. Ensures cleanliness of work environment during operational hours
5. Has general knowledge of service Community Health Alliance clinic sites offer
Quality Management

1. Constantly alert for ways to improve customer service, improve patient flow, increase productivity, and improve utilization of resources communicating ideas to supervisor.
2. Maintains infrequency of denials in the billing process.
3. Audits of invalid/rejected edits for accuracy in the electronic claims submission.
4. Ensures provider correction requests are responded back to billing timely.
5. Pended charges are accurately determined prior to billing each day’s charges.
6. Notifies supervisor of unusual occurrences and adheres to policy regarding incident forms and/or patient complaints.
7. Attends and actively participates in staff meetings as requested.
8. Follows all Community Health Alliance policies and procedures.
Community Health Alliance
Performance Standards
Medical Billing Specialist

Professional Competence
1. Utilizes knowledge of CPT and ICD-9-CM coding in posting charges and billing activities
2. Utilizes knowledge of Community Health Alliance policy and procedures
3. Utilizes knowledge of billing and initial collection procedures
4. Utilizes knowledge of general office procedures to create efficient, positive work environment

Patient Relationships/Quality of Service/Customer Service
1. Is courteous and respectful in all dealings with patients and their accounts
2. Ensures confidentiality of information
3. Sets the example of exemplary customer service for both internal and external customers
4. Positively supports requests from supervisor and co-workers

Productivity
1. Ensure billing of services meet standards set by Community Health Alliance
2. Daily audit of pended charges
3. Uses good judgment when auditing, preparing and billing charges to other entities for payment
4. Completion of daily productivity report

Accuracy/Efficiency
1. Ensures that electronic and hard copy claims are accurate and completed on time
2. Verifies and ensures competency when utilizing EMR and EPM system
3. Uses mathematical accuracy and attention to detail

Reliability
1. Positively supports requests from administrative office and supervisor in implementing policy and new programs
2. Dependable and punctual

Peer/Co-Worker Relationships and Teamwork
1. Works to create/maintain good relationships with supervisors and co-workers
2. Fosters working as a team; dealing with and resolving conflict in a timely, efficient and positive manner

Contributions to Company and Community
1. Supports community functions that represent Community Health Alliance
2. Utilizes proper dress and grooming habits and always presents Community Health Alliance in a positive light
3. Performs other duties as assigned
4. Understand the mission and core values of Community Health Alliance