

## **JOB DESCRIPTION**

Job Classification: Billing Specialist

Reports to: Revenue Cycle Administrator

Supervises: None

Last reviewed: 03/08/2023

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### POSITION PURPOSE:

Responsible for helping Revenue Cycle Administrator in all billing functions for Valley View Health Center. Job duties include: Review and prepare insurance claims for submission, this includes electronic and paper claims for assigned payers. Review and investigate outstanding accounts receivable for assigned payers. Accurately process Remittance Advice/Explanation of Benefits to accounts and process secondary billing to correct payers or patient. Identify and document strategies to improve Coding/Billing processes and assist in implementation. Follow through to ensure accuracy and compliance of all billing issues. Review and analyze accounts to identify trends and issues and recommend solutions. Work with the billing team, Revenue Cycle Administrator and CFO in associated billing tasks as assigned. This person also takes part in handling follow-up questions from internal and external customers and works on resolving any discrepancies or errors.

### MINIMUM QUALIFICATIONS:

**Education:** High school diploma or GED required. Associate's Degree in Business or related field preferred.

**Licensure/Certification:** CPC, CPB or CCS Certification preferred

**Experience:** Experience in customer service, customer billing or business administration required. Two years billing experience preferred. Understanding of Medical Billing Process and Industry Standards, FQHC/CHC experience preferred.

**Equipment/Skills:** Operating basic office equipment, answering the telephone, typing skills, ten-key, computer skills- Microsoft Word, Excel and Internet.

**Physical demands:** Ability to physically perform the functions of the job, including sitting, standing, walking, lifting, carrying, bending, and reaching with or without reasonable accommodation.

**Status Classification:** Hourly

### PRIMARY JOB RESPONSIBILITIES:

- A. Review and prepare charges for claim submission, CPC/CCS/CPB will review assigned payers to ensure accurate coding, non-certified Billing Specialists will review and forward questions to CPC/CCS/CPB.
- B. Apply understanding of CCI edits and carrier specific coding edits for assigned payers.
- C. Correct claims pre-submission for identified edits that would or could prevent a claim denial or delay in processing.
- D. Proactively work with Revenue Cycle Administrator to build payer specific claim edits to avoid future claim denials.
- E. Work with Revenue Cycle Administrator and IT to verify system setup and accuracy pertaining to assigned payers.
- F. Apply knowledge/understanding of electronic claim files, data elements and paper claim forms and requirements as pertains to assigned payers.
- G. Act as the subject matter expert for assigned payer billing.
- H. Creates ERA claim files and processes paper claims to payers as needed.
- I. Accurately process Remittance Advice/Explanation of Benefits to accounts with denial investigation, solution implementation and perform account reconciliations
- J. Processes secondary billing to correct payers or patient
- K. Review and investigate outstanding accounts receivable for all assigned payers including preparation of denial appeals
- L. Follow through to ensure accuracy and compliance of all billing issues.
- M. Identify, analyze and report any changes in payer reimbursement and denial trends.
- N. Works with Revenue Cycle Administrator, IT and Accounting to move all available payers to electronic formats and consistently reviews “paper payers” for electronic migration.
- O. Accepts phone calls from internal and external customers to resolve billing questions.
- P. Identifies and processes patient and insurance refunds.
- Q. Identify and document strategies to improve Coding/Billing processes and assist in implementation.

- R. Trains new billers as needed to level of accuracy and independence
- S. Works with Billing Department Team, Revenue Cycle Administrator and Management in associated billing and coding tasks as assigned
- T. Performs other related duties as assigned. Standards:
  - Follows guidelines established at time of assignment
  - Accepts assignments willingly
  - Prioritizes workload to ensure timely completion of assignment
  - Asks appropriate clarifying questions relative to scope of assignment

ACKNOWLEDGMENT:

I have read and understand the above Job Description, and agree with it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date