



POSITION DESCRIPTION

Position Title: Medical Biller

Date: January 2022

Revised

Reports To: Finance Manager

Department: Finance and Revenue Cycle Management **Type:** Exempt

POSITION PURPOSE:

The Billing Clerk is responsible for a variety of billing tasks relating to the efficient provision of medical services at Authority Health Clinics. These activities include batch reports, billing reports, encounter coding, claims submissions, error corrections, and other duties as assigned by the Finance Manager.

QUALIFICATIONS:

1. Completion of a Billing and Coding program
2. A minimum of 3-5 years of experience as a family practice/ behavioral health biller with primary focus on insurance billing and coding practices.
3. Solid understanding of billing software and electronic medical records.
4. Must have the ability to multitask and manage time effectively.
5. Excellent written and verbal communication skills.
6. Outstanding problem-solving and organizational abilities.
7. Proficiency using the Athena EMR system preferred including and Microsoft Office.
8. Skilled with working in a complex work environment.
9. Knowledge of organization policies and procedures.
10. Skilled in developing and maintaining effective relationships with internal and external customers.
11. Patient billing account management techniques.
12. Experience with Federally Qualified Health Centers.

ESSENTIAL RESPONSIBILITIES AND DUTIES:

1. Prepares all billing and batch reports for the EMR system.
2. Identify and perform tasks within Athena
3. Prepares and submits clean claims i.e., requesting any missing information, if needed, to various insurance companies either electronically or by paper
4. Identifies and resolves patient billing complaints.
5. Review and reports status of delinquent accounts on a daily basis.
6. Performs various collection actions including contacting patient by phone, correcting and resubmitting claims to third party payors.

7. Process payments from insurance companies.
8. Maintains strictest confidentiality; adheres to all HIPAA guidelines/regulations.
9. Responsible for maintaining a current knowledge of coding and diagnostic procedures as well as being current regarding legislative changes related to billing and office practices.
10. Corrects and checks all encounter coding.
11. Works with providers and consultants to resolve coding issues.
12. Submits billing claims to Authority Health outsource billing agent (Athena).
13. Reconciles all benefits claims and payments with third party payors.
14. Performs accounts receivables function with patients by issuing outstanding balance invoices (when applicable).
15. Maintains accounts receivables aging analysis.
16. Corrects all rejected billings and resubmits.
17. Performs other functions as assigned.
18. Preparing bills and invoices, and documenting amounts due for medical procedures and services.
19. Monitoring and recording late payments.
20. Following up on missed payments and resolving financial discrepancies.
21. Investigating and appealing denied claims.
22. Maintaining billing software by updating rate change, cash spreadsheets, and current collection reports.

WORKING CONDITIONS:

1. Must be able to work a flexible schedule including some evenings and weekends (per agency requirements).
2. Able to complete duties under stress, deadlines, and while attending to multiple duties simultaneously.
3. Works cooperatively within own department and other areas.
4. Willingly accepts additional responsibility – tries to make other’s job easier.
5. Responds quickly to request for assistance.
6. Required to work closely with patients and associates.
7. Interacts with other departments on problem issues.
8. Accepts feedback from patients, visitors, clinic employees, physicians, and general public.

The above job description is for informational purposes only and is not intended to be all inclusive or limiting as to specific duties.

EXEMPT STATUS:

This position is exempt from overtime pay provisions of the Federal Fair Labor Standards Act.

APPROVAL:

DATE:
