

ACCOUNTS RECEIVABLE/BILLING SPECIALIST: INSURANCE

GENERAL DUTIES:

Acts as the organization's liaison with various third party insurance payers; assures that insurance bills are submitted in a timely and accurate manner, that payments are posted and that staff are appropriately credentialed as providers; troubleshoots any problems between insurance companies and the organization.

SPECIFIC DUTIES:

1. Processes third party insurance bills, including primary payer, secondary payer, and Worker's Compensation: reviews bills for completeness, sends electronic billing files, when possible, and mails other completed bills to the proper payer.
2. Bills and tracks accounts with secondary insurance payers, assuring secondary payer bills are generated, processed, and submitted with appropriate documentation of claim-handling by primary carrier.
3. Posts payments from insurance companies, worker's compensation and Medicare to patient accounts.
4. Reviews aged-accounts report, locates outstanding insurance balances and follows up with insurance company to determine and resolve any nonpayment; converts unpaid balances to self-pay fees, or requests write-off when necessary.
5. Acts as staff liaison between insurance companies and the Counseling Center, problem solving unusual situations, assuring that clinicians are qualified as providers with various managed care plans, securing and tracking prior authorizations, and keeping management informed of the special requirements of various managed care entities.
6. Maintains updated managed care information documenting the providers and requirements of various insurance companies in order to assist relevant staff in case assignment and service management.
7. Answers patient queries regarding the status of their account; requests additional financial information from patients, when required; and informs patients of balances when insurance claims are denied.
8. Meets with patients who have outstanding self-pay balances and negotiates alternative payment arrangements.
9. Keeps up-to-date with the requirements of various third-party payers, i.e. Medicare, Worker's Compensation, and various managed care entities.

10. Backs-up the other Accounts Receivable/Billing Specialist personnel, as needed, by posting cash, running cash reports, running bills, entering time sheets and responding to patient questions.
11. Backs-up the Intake Specialist, as needed, collecting patient demographic and financial information, setting and documenting patient fees, and providing information about Patient Rights and securing preliminary Consent for Treatment.
12. Keeps up to date with required organizational trainings.
13. Works cooperatively with other unit staff to assure success in achieving annual program goals and objectives.
14. Attends and participates in unit meetings, as required, and in other agency committees, quality improvement teams or task forces, as assigned.
15. Abides by the corporate policies and procedures, with special attention to the Policy on Patient Rights, the Confidentiality Policy, and the Counseling Center's Code of Regulations.
16. Completes other duties, as assigned, or as required for efficient and effective operation.

SUPERVISORY RESPONSIBILITIES: None

WORKING CONDITIONS:

1. Position is office-based, with work occurring during regularly scheduled business hours.
2. Position requires sitting for significant periods of time.
3. Position may require contact, generally by phone, with irate or difficult individuals and with professional staff from various insurance companies.

CLINICAL SUPERVISOR: None required

ADMINISTRATIVE SUPERVISOR: Revenue Cycle Manager

POSITION TYPE: Non-exempt

POSITION CLASSIFICATION: Accounts Receivable/Billing Specialist

WORKER CREDENTIALS/CHARACTERISTICS:

1. Ability to accurately use basic office machines, such as a calculator, copier, computer, etc. and adequate skill to become proficient in data entry with the organization's MIS
2. A commitment to quality and accurate work
3. Skill in math, adequate to compute account balances, manage account adjustments and understand patient bills and transactions
4. Ability to work with the public in a pleasant and professional manner, with sensitivity to the problems which bring people to the organization
5. Ability to work, cooperatively, with a variety of staff, at all levels of the organization
6. A professional work attitude and demeanor
7. A valid driver's license, evidence of personal automobile insurance and of insurability by the organization's automobile liability insurance carrier; or, in the absence of such documentation, the ability to complete essential functions of the position within whatever driving and travel restrictions may be imposed by the Center

KEY PERFORMANCE INDICATORS:

1. Satisfactory, or better, scores on the annual performance evaluation.
2. Timely and accurate completion of assigned tasks.
3. Evidence of sincere attempts to provide good customer service.

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(INSSPEC.JD 8/96 rev.)
(InsSpec.JD 8/97 rev.)
(InsSpec.JD 7/99 rev.)
(Revised: 9/09)
(Revised: 6/12)
(Revised: 8/13)
(Revised: 12/14)
(Revised: 7/15 - Salary Only)
(Revised: 7/17 - Supervisor)
(6/18)