



**Billing Specialist  
JOB DESCRIPTION**

Position Title:	Billing Specialist	Exemption Status:	Non-Exempt
Job Classification:		Job Code:	GS 14
Department:	Business Office		
Reports to:	Assistant Director of Business Office		
Last Update:	December 14, 2018		

**Job Summary**

Under general supervision, is responsible for representing Roosevelt General Hospital and RGH Clinic as an exemplary hospital in the region. The Billing Specialist position requires fundamental knowledge of filing insurance claims on UB and HCFA claim form, how insurance companies pay accordingly to contracts established with the hospital, how to read and interrupt an insurance explanation of benefits (EOB), process denials, import charges and do precise follow-up with the insurance company via, phone, email, insurance web sites, etc. at an acceptable volume per day. RGH Insurance specialist will be the embodiment of the hospital’s mission, vision and values. The Billing specialist will greet patients or family members upon arrival within the business office and assist them in answering any questions or concerns they may have regarding billing issues. The insurance specialist will have knowledge of all aspects of the department process from the registration process thru the billing.

**Essential Functions:**

**Business Office (will report to Business Office Director for these functions)**

- Promote the mission, vision, and values of the organization
- Import charges from queues in a timely manner and append modifiers or any required information for claim transmission
- Prepare statements for patients on a daily/weekly basis
- Process patient and insurance credits
- Obtains prior authorization from insurance companies for surgical procedures
- Review daily accounts that are ready to be billed in Relay Health/Payer Path
- Initiate correction on all claims with errors by the designated time
- Follow up on any correspondence that may have been received on that day or the previous day
- Cross train on billing all lines of business to the different payers
- Pull listing of all accounts assigned to be follow up by specific payer
- Diagnostic and procedural coding
- Medicare specialist will maintain log of all Medicare / Medicaid IP accounts that Medicaid pays only a portion of the patient’s responsibility.
- Medicare specialist will maintain all Medicare bad debt log listing to be turned in at the end of the year
- Medicare specialist will complete and review all Medicare accounts that may have a credit balance and resolve the account balance before the quarterly Medicare credit report is due
- Work all accounts that have a credit balance
- Post payments from the different payers to patients accounts
- Medicare specialist will post all Medicare and Medicaid electronic remittance advice

- Insurance specialist will assist in registering patients efficiently and accurately, obtaining appropriate signatures, completing all required forms and providing patient information as required by state and federal regulations and departmental guidelines
- Assure that all required documentation is scanned in appropriately into One Content for each registration; to include the following:
  - Driver's License
  - Insurance Cards
  - Conditions of Admission, COA
  - Orders
  - SS Card (When Available)
- Be able to visit patients in their room to complete or validate information, as necessary
- Assure that the collection of deposits and co-pays when applicable
- Enters relevant information into computer system
- Sets up payment arrangements with self-pay patients
- Assists patients with questions concerning their insurance coverage
- Advises self-pay patients of their medical and dental care options available in the community for future follow-up care
- Explains hospital regulations, such as visiting hours, payment of accounts, charges, etc.
- Participates in data gathering for financial reporting
- Work closely with Case Management (UR) on a daily basis in regards to patient status changes; whether this would include patient type or insurance notification or insurance coverage
- Notify all payers who require IP notification
- Greet all patients, families and hospital visitors with a positive, cheerful attitude
- Uphold the mission, vision and values of Roosevelt General Hospital (RGH)
- Be knowledgeable on all of RGH's services, including the RGH Clinic
- Be willing to serve as a communications person between the department and hospital
- Assist with Clinic or Hospital registration, as needed

### **Non-Essential Functions**

- Perform other duties as assigned

### **Professional Requirements**

- Maintain patient confidentiality at all times
- Maintain professional attire
- Complete continued education/training requirements
- Report to work on time and as scheduled
- Wear identification while on duty
- Represent the organization in a positive and professional manner at all times
- Comply with all organizational policies and standards regarding ethical business practices
- Communicate the mission, ethics and goals of the organization
- Participate in performance improvement and continuous quality improvement activities

### **Qualifications**

- High school graduate or equivalent
- Medical terminology knowledge preferred.
- Basic computer knowledge
- Typing speed: minimum 40 wpm, computer knowledge
- Six months previous hospital registration, billing and collections, financial counseling, and/or customer service experience preferred
- Knowledge of CPT / ICD-9 coding helpful.

### **Knowledge, Skills, and Abilities**

- Must have an enthusiastic and positive attitude
- Possess a genuine desire to help RGH become an exemplary hospital in the surrounding community and the state
- Ability to work independently, exercise creativity, be attentive to detail, and maintain a positive attitude
- Ability to manage multiple and simultaneous responsibilities and to prioritize duties/tasks
- Ability to initiate communication with patients, their families and hospital visitors
- Must have excellent customer service and communication skills with the ability to effectively calm patients and be able to deal with distressed and/or agitated patients and their families

- Must have a professional demeanor and excellent public relations skills
- Willingness to develop or improve public speaking skills
- Knowledge of medical insurances (Medicare, HMO's, PPO's, commercial), EMTALA regulations, hospital billing and collection process
- Must have excellent written skills with knowledge of medical terminology
- Must be dependable and on time
- Possess good 'people skills' for building relationships with colleagues at all levels
- Ability to plan and prioritize your own work and other people's

**Physical Requirements and Environmental Conditions**

- Work is performed during regular work hours, but may require overtime and/or weekend hours to meet deadlines
- Work in varying degrees of temperature (heated or air conditioned)
- Work under extreme pressures
- Position requires sitting for approximately 4-6 hours per day and walking for 2 hours per day
- Position requires light to moderate work with 50 pounds maximum weight to lift and carry
- Position requires reaching, bending, stooping, and handling objects with hands and/or fingers, talking and/or hearing, and seeing

**General Sign-off**

The employee is expected to adhere to all agency policies and to act as a role model in adherence to agency policies.

*The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities.*

I have read, understood and had the opportunity to ask questions regarding this position description.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**