

CLAIBORNE MEMORIAL MEDICAL CENTER
BUSINESS OFFICE
JOB DESCRIPTION

MEDICARE/MEDICAID/INSURANCE BILLER

STATEMENT OF PURPOSE:

To provide support for the mission and vision of the hospital through your actions, attitudes and personal conduct as a team member of your department, an employee of the hospital, and a contributor to the health and wellbeing of the patients we service; to provide the duties outlined in this job description to the best of your abilities; and to strive for excellent service to your customers.

JOB SUMMARY:

Perform routine duties associated with all aspects of billing Medicare/Medicaid/Insurance primary and secondary claims for payments. Work under the supervision of the Business Office Manager and performs tasks which require billing experience in hospital and physician services.

GENERAL DUTIES:

1. Support your manager and administration in the implementation of the hospital's mission, vision and overall goals.
2. Actively participate as a member of your department by providing excellent customer service, identifying areas for improvement and implementing operational changes.
3. Assist your department in providing efficient and effective patient care by actively participating in the orientation probes, your department meetings, annual and other available educational events, personal performance evaluations and focused counseling opportunities.
4. Promote high stands of performance by exhibiting compassion and professionalism at all times and by being responsible for your actions, attitude and body language.
5. Communicate in a timely and effective manner using multiple communication mediums. This includes notes, e-mails, phone calls, one-on-one interaction and participation in meetings.
6. Support performance improvement monitoring by collection data, reporting incidents, identifying patient care problems and providing performance information to your manager.
7. Assist your manager in meeting departmental budget goals, identifying capital equipment needs, and developing new strategic goals for the department.
8. Follow all departmental and hospital policies. Request clarification and guidance if needed.
9. Keep track of equipment and supplies to make sure your department retains the tools needed to provide patient care and to assure departmental resources are used wisely.
10. Manage your time to assure you clock in and out as scheduled, complete your assignments within the scheduled timeframe, and minimize changes in the departmental work schedule.

SPECIFIC DUTIES:

1. Run list to see which claims are ready to be filed. Medical necessity, charges and diagnosis is checked to see that the services rendered can be billed.
2. Any errors are sent back to Medical Records Department for corrections.
3. All claims are transmitted electronically daily.
4. Must possess an accurate understanding of applicable state and federal requirements in regards to all collection efforts, Insurance, Medicare and Medicaid verification. Must be able to follow the Medicare/Medicaid /Insurance filing guidelines, some understanding for the accurate

processes in billing and CPT, ICD-10 coding, reading and understanding insurance Remittance Advices, good with communication skills, knowledge of the computerized billing system.

5. Pulling Remittance Advices daily.
6. Correcting claims, adjustments and cancellation of claims are all done online.
7. Run edits on all claims and make all adjustments so that the claim can be filed as a clean claim.
8. Keep up with all the changes in fees and policies with Medicare/Medicaid/Insurance and notify the proper hospital departments.
9. Assumes additional duties as assigned by the Department Manager.

QUALIFICATIONS:

1. High School or G.E.D. certificate accepted/Prefer an Associate degree in business.
2. Minimum 6 month's insurance billing experience required.
3. Specific skills (computer, written, oral, communication, etc.) required.
4. Must be able to complete all task in a timely manner.
5. Knowledge of UB's and 1500's.
6. Have good telephone and communication skills.

PHYSICAL DEMANDS:

1. Walking and/or standing approximately 40% of the day.
2. Sitting approximately 60% of the day.
3. Must be able to lift up to 40 lbs. (no less than 20 lbs.) less than 5% of the day.
4. Must be able to bend, stoop, kneel and reach over the head less than 10% of the day.

DISCLAIMER:

This is not an exhaustive list of all responsibilities, skills duties, requirements, efforts or working conditions associated with the job. While this is intended to be an accurate reflection of the current job, management reserves the right to revise the job or to require that other or different tasks to be performed when circumstances change.

RESPONSIBILITY:

The Medicare/Medicaid/Insurance Biller is directly responsible to the Business Office Manager.

DIRECT REPORTS:

Weekly reports run to oversee all billing work list.

ACCEPTANCE:

(MEDICARE/MEDICAID/INSURANCE BILLER)

Date

