



JOB DESCRIPTION

Position Title: Medicare Biller / Insurance Credentialer
Department: Patient Services
Reports To: Patient Services Department Manager
Date Revised: 04.24.2015
Date Reviewed: 04.24.2015

DESCRIPTION OF POSITION

Performs all duties as a patient service representative to the hospital in a timely and accurate manner, in accordance with policy set forth by administration. Patient Services Representative will be responsible for all aspects from admission process, billing process and collection of account.

The above statement is intended to describe the nature and level of work being performed. It is not an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

EDUCATION BACKGROUND AND EXPERIENCE

- High school graduate.
- Previous admission/registration experience or previous physician's office preferred.
- Insurance billing experience strongly preferred.
- Ability to input data with accuracy, proper spelling and grammar.
- Ability to learn new software programs quickly.
- Ability to multitask between multiple software programs at simultaneously.
- Exceptional interpersonal skills to interview and obtain information from patients and interact with hospital personnel and outside personnel.
- Ability to determine priority where options are limited and to gather information necessary to complete admission registration in a prompt manner.
- Ability to work in a fast paced area, where the performance and concentration of several tasks may be required simultaneously.

- Bilingual preferred but not required.

REQUIRED KNOWLEDGE AND SKILLS

Supports hospital mission and strategic vision; manages hospital resources appropriately; complies with hospital policies and programs; maintains skill levels, licenses, and certifications; complies with all state and federal compliance and HIPAA requirements; keeps lines of communication open between self and other hospital personnel; competent with computer programs.

ESSENTIAL JOB FUNCTIONS

1. Processes pre-registrations and registrations in a timely and accurate fashion. Prepares needed Registration Forms, Patient Identification Cards and Wrist Bands. Obtains required information and signatures.
2. Confirms Insurance or uninsured benefits and/or authorization required for services.
3. Calculates and collects patient payments, based on their insurance or uninsured policy of the hospital.
4. Answers any incoming telephone calls, as needed. Answers any incoming telephone calls that reception is unable to answer.
5. Communicates with the patient, as a customer, in a positive and professional manner.
6. Remains responsible for all aspects of the patient's account, while account is current in the designated insurance group assigned.
7. Remains responsible for all aspects as a Patient Services Representative from registration of the patient, to billing for the customer, to collection of money on the account. Assists patients in filing any appropriate insurance or uninsured benefits relating only to services of Skyline Hospital.
8. Verifies and complete paperwork requests for refunds. Verifies refunds and give to Patient Services Manager for approval.
9. Updates patient Financial Class information as needed.
10. Answers all mail requests from insurance/client payers in regards to the patient account.
11. Uses proper channels of communication and authority.
12. Participate annually in Hazardous Material in-service and Orientation.
13. Establishes and maintains effective, cheerful, pleasant and cooperative working relationships with co-workers and supervisor.
14. Follows rotation of all holidays that are recognized by hospital policy, this includes all patient service representatives.
15. Performs expedient data entry daily.

16. Demonstrates and follows appropriate procedures regarding confidentiality and release of information.
17. Maintains a neat, clean and safe work environment in the department.
18. Reports all problems and suggested solutions to the manager.
19. Demonstrates adaptability to deal with change and working under stress.
20. Uses proper equipment for transportation of heavy loads.
21. Works other shifts as emergencies arise (illness, vacations, etc.) at the discretion of the manager.
22. Performs other duties as assigned by the manager.
23. Reviews claims for accuracy.
24. Updates patient accounts with all actions taken – i.e. claim filed, etc.
25. Transmits all claims daily.
26. Electronic vendor reports are to be worked daily – particularly errors and holds. Biller is to resubmit corrected claims within one day. Claim should be reprocessed and rebilled when appropriate according to appropriate guidelines – i.e. Medicare, Medicaid, insurance contract, etc.
27. Reads all appropriate literature to ensure biller is up-to-date on billing compliance.
28. Provides for the collection follow-up in a timely manner – i.e. call Medicare, Medicaid and/or insurances, provide requested information or documentation, request rebill when appropriate, complete any form requested, etc.
29. All incoming correspondence is to be documented on patient account, followed up, and filed.
30. Under the direction of Administration, biller will write-off account balances as uncollectable when all collection efforts have been exhausted.
31. Answers all patient calls and questions within one business day of receiving call if at all possible.
32. Answers all inquiries both by incoming call and walk-in patients regarding account issues.
33. All denials that are received need to be researched and processed in a timely manner according to the status of the denial. If an appeal is required, all appropriate action should be taken to reverse the denial.
34. Must work closely with self-pay collector to coordinate the identification of accounts that are to become self-pay accounts and have payment plans established. Work with the Patient Services Manager on credit balance accounts that need to be refunded.
35. Will perform cashiering duties when necessary.
36. Will provide Payroll/HR with accounts receivable balances for employee payments or terminating employee accounts if requested.
37. May be required to perform other duties as required.

38. May assist in physician enrollment in third party payers such as Medicare, Medicaid, and Blue Cross, etc.

PHYSICAL REQUIREMENTS

Position Title: Patient Service Department Biller

	Never (0%)	Seldom (1%-10%)	Occasionally (11%-33%)	Frequently (34%-66%)	Continuously (67%-100%)
Sitting					X
Standing				X	
Walking				X	
Bending/ Stooping			X		
Crawling	X				
Twisting		X			
Squatting/ Kneeling		X			
Climbing (Stairs/Ladders)		X			
Lifting 20 lbs.		X			
Carrying 20 lbs.		X			