

## **JOB DESCRIPTION**

**POSITION TITLE:** Medical Biller/Coder

**REPORTS TO:** Chief Financial Officer

**HOURS:** Full Time

**FLSA:** Non-Exempt

### **Summary**

Position responsible for coordinating the overall functions of the medical billing and coding office to ensure maximization of cash flow while improving patient, physician, and other customer relations. Requires strong managerial, leadership, and business office skills, including critical thinking and the ability to produce and present detailed billing activity reports.

### **Essential Job Responsibilities**

1. Oversees the operations of the billing department, encompassing medical coding, charge entry, claims submissions, payment posting, accounts receivable follow-up, and reimbursement management.
2. Serves as the practice expert and go to person for all coding and billing processes.
3. Plans and directs patient insurance documentation, workload coding, billing and collections, and data processing to ensure accurate billing and efficient account collection.
4. Analyze billing and claims for accuracy and completeness; submit claims to proper insurance entities and follow up on any issues.
5. Follow up on claims using practice management system.
6. Maintains contacts with other departments to obtain and analyze additional patient information to document and process billings.
7. Prepares and analyzes accounts receivable reports, weekly and monthly financial reports, and insurance contracts in concert with Sr. Mgmt Staff. Collects and compiles accurate statistical reports.
8. Audits current procedures to monitor and improve efficiency of billing and collections operations.

9. Ensures that the activities of the billing operations are conducted in a manner that is consistent with overall department protocol, and are in compliance with Federal, State, and payer regulations, guidelines, and requirements.
10. Participates in the development and implementation of operating policies and procedures.
11. Reviews and interprets operational data to assess need for procedural revisions and enhancements; participates in the design and implementation of specific systems to enhance revenue and operating efficiency.
12. Analyzes trends impacting charges, coding, collection, and accounts receivable and take appropriate action to realign staff and revise policies and procedures.
13. Keep up to date with carrier rule changes and distribute the information within the practice.
14. Performs physician credentialing actions.
15. Understands and remains updated with current coding and billing regulations and compliance requirements.
16. Maintains a working knowledge of all health information management issues such as HIPAA and all health regulations.
17. Maintains library of information/tools related to documentation guidelines and coding.
18. Provides, oversees, and/or coordinates the provision of training for new and existing billing staff on applicable operating policies, protocols, systems and procedures, standards, and techniques.

### **Education**

Associates degree, preferably in business administration or related field.

- Certified coding credential from AAPC.

### **Experience**

Minimum of two (2) years Medical Insurance/Healthcare Billing and Collections experience in a medical practice or health system, with a deep understanding of medical billing rules and regulations. FQHC experience strongly preferred.

### **Other Requirements**

Prior experience with an electronic medical record system required.

## **Knowledge**

Thorough understanding of medical billing, collections and payment posting, revenue cycle, third party payers, Medicare; strong knowledge of Louisiana and Federal payer regulations.

Working knowledge of CPT and ICD-10 codes, HCFA 1500, UB04 claim forms, HIPAA, billing and insurance regulations, medical terminology, insurance benefits and appeal processes.

Knowledge of business management and basic accounting principles to direct the billing and coding office. Sufficient knowledge of policies and procedures to accurately answer questions from internal and external customers. Possess excellent negotiation skills, including the tact required for securing payment or discussing patient's finances, and enjoy working in a health care setting. Up to date with health information technologies and applications.

## **Skills**

Skill in establishing and maintaining effective working relationships with other employees, patients, organizations, and the public. Skill in developing, implementing, and administering work processes.

Detail oriented and tolerant of frequent interruptions and distractions from patients and staff.

Effectively communicate with physicians, patients, insurers, colleagues and staff.

Proficient in Microsoft Office, including Outlook, Word, and Excel.

## **Abilities**

Ability to work under minimum supervision and demonstrate strong initiative.

Ability to supervise and train employees, to include organizing, prioritizing and scheduling work assignments to meet practice timelines. Ability to deal in an organized manner with problems involving multiple variables within the scope of the position.

Ability to make independent decisions when circumstances warrant; make prompt and accurate judgments regarding AR, billing and other office duties.

Ability to recognize, evaluate, solve problems, and correct errors, and to develop processes that eliminate redundancy.

Ability to conceptualize work flow, develop plans, and implement appropriate actions.

Ability to communicate effectively in writing, over the telephone, and in person.

## **Equipment Operated**

Standard office equipment including computers, fax machines, copiers, printers, telephones, etc.

## **Work Environment**

Position is in a well-lighted office environment.

## **BILLING/CODING OFFICE RECURRING TASKS AND PROJECTS**

### **Tasks Due**

Billing Office Inquires (In Office and by Phone) - Daily  
Check/Fix Electronic Claim Submissions Rejection- Daily  
Daily Posting Validation Daily  
Load New/Updated Patient Insurance Information - Daily  
Obtain Pre-Authorizations for Tests and Procedure- Daily  
Post Hospital Visits, Tests, and Procedures - Daily  
Post Insurance Payments (Electronic) - Daily  
Post Insurance Payments (Mail) - Daily  
Post Office Visits and Tests - Daily  
Post Patient Payments (Mail- Daily  
Post Patient Payments (Office, incl. collections- Daily  
Review and Process Billing Office Mail - Daily  
Submit Daily Electronic Deposit (Check Scanner) - Daily  
Submit Till Reconciliation Reports to Bookkeeping - Daily  
Upload and Transmit Claims to Gateway - Daily  
Work Insurance Denials - Daily  
Build and Submit Monitor Reading Charges - QOD  
Create Insurance Aging Report - Weekly  
Export Billing Statements to EDI Vendor -Weekly  
Process Insurance Refunds - Weekly  
Process Patient Refunds - Weekly  
Verify Successful Billing Statement Export - Weekly  
Work Insurance Aging Report - Weekly  
Create ACT Monitor Hook-up Invoice and submit to vendor - Monthly  
Create Phase II Delinquent Accounts Lists by Physician - Monthly  
Create Pre-Collections Work List to Annotate "HOLD" Accounts - Monthly  
Distribute Phase II Delinquent Accounts Lists to Physicians - Monthly  
Load Patient Accounts for Phase II Formal Collection Action - Monthly  
Notify Practice Administrator when Pre-Collections "HOLD" - Work List Complete Monthly  
Post Collections Payments - Monthly  
Post Collection Payments - Monthly  
Receive Phase II Delinquent Accounts Lists from All Physicians - Monthly  
Upload Patient Accounts File for Phase I Pre-Collections action - Monthly  
Work Pre-Collections Work List to Annotate "HOLD" Accounts - Monthly  
ICD-10 Implementation Project - PRN  
Manage Physician Licensure and Credentialing - PRN  
Manage Practice Fee Schedule - PRN

PQRS Project Management - PRN

Print Secondary Insurance HCFA Forms - PRN

Receive & Review Patient Financial Hardship Applications; Forward to Practice Admin - PRN

Review Patient Financial Hardship Applications (Approve/Disapprove/Pending)