



CLASSIFICATION NO. 505
Established: 11/06
FLSA: Nonexempt
EEO: 6

HEALTH CARE BILLING SPECIALIST

CLASS CHARACTERISTICS

Under supervision, to prepare, process, reconcile, review, adjust and maintain detailed medical billing accounts and records, supporting documents and routine account summaries and reports; to respond to requests and inquiries from internal and external customers; to coordinate with Information Services staff, department management and vendors on multiple medical billing software programs; and to do other work as required.

DISTINGUISHING CHARACTERISTICS

The Health Care Billing Specialist performs a complete series of tasks related to accurate and timely billing for health care services, including verifying and monitoring client accounts, performing quality assurance reviews of submitted information, monitoring claim submissions, posting payments and correcting and rebilling denied services. Incumbents bill and receive payments from uninsured clients and their families, Medicaid, Medicare, managed care plan and other third-party insurance companies in accordance with rules and regulations for Federally-Qualified Health Centers, Community Mental Health programs and Oregon Health Plan providers.

The Health Care Billing Specialist differs from Accounting Specialists, which provide entry, journey and advanced journey level accounting functions in support of a department or division fiscal tracking and reporting section. It also differs from the Data Control Analysts by its focus on billing functions rather than coding, logging and tracking vouchers, invoices, deposits, receipts and payments.

TYPICAL TASKS

Duties may include but are not limited to the following:

1. Receives and posts all third-party payments to client accounts, determines collectability of denied claims, takes corrective action to resubmit claims, posts contractual allowances or transfer claim balances to next responsible payer; provides information, determination of benefits and claim status to clients, management and staff; answers client requests for account balances and status.
2. Performs quality assurance review of original entry by clinic staff; corrects missing and inaccurate information for improved effectiveness of claims processing; provides feedback to management and staff.
3. Updates client account information in database; applies insurance payments to client accounts; batches claims, prepares client encounters and computes fees; runs encounter

data and reports; prints client statements for billing; confers with medical providers regarding patient, client information and services; verifies entered client financial, insurance information; creates, prints, posts and files billing batches; verifies against encounters; confirms receipt of billings.

4. Participates in gathering and analyzing data to monitor department processes and determine system requirements for compatibility and cost/workflow issues; identifies and communicates technical problems and issues; analyzes and reconciles data; assists in conducting periodic chart audits.
5. Researches and resolves billing errors for all types of health care bills and client payment applications; researches, tests and monitors billing modalities for correct claim billings to a variety of payers; sets up new insurance companies in computer system for billing purposes.
6. Evaluates encounters by visit type or diagnosis; pulls charts for missing information; verifies eligibility through on-line Federal, State and managed care systems; verifies program participation, payer source, income level of participant; determines appropriateness for family planning services (FPS) using established guidelines.
7. Provides training for staff in the area of insurance and finance processes and procedures, including payer source determination; fee discount procedures; entry of services and diagnoses; and batching of claims and payments using Federally Qualified Health Center (FQHC) guidelines.
8. Provides back-up and support as needed for clinic staff; greets, registers, admits clients; explains agency fees, policies, procedures; sets up new accounts for participants; reviews OHP client eligibility and update status; reviews weekly & monthly OHP client reports from State & verify against database, including newly opened and closed capitation clients.

REQUIRED KNOWLEDGE AND SKILLS

Working knowledge of: Billing practices and procedures as specifically related to public health, behavioral health and Federally Qualified Health Centers; health care insurance procedures; basic methods and practices of accounts receivable recordkeeping; basic accounting and bookkeeping systems, procedures and techniques; financial and healthcare terminology, including diagnostic codes; basic financial information systems, databases and spreadsheet software; basic math; office practices, procedures and equipment.

Skill to: Interpret and process financial documents according to appropriate procedures; accurately count, record and balance transactions; understand, interpret, analyze and communicate complex technical, process and workflow issues; understand technical software documentation, specifications and tables, and assist in applying to processes requiring modifications; perform arithmetic calculations and enter data with speed and accuracy; operate a calculator, computer terminal, typewriter and other office equipment; effectively train others in the use of computerized healthcare information systems; provide customer service by effectively meeting and interacting with the public, coworkers and personnel of other departments in a courteous, professional manner; communicate effectively, both orally and in writing; establish and maintain effective working relationships with vendors and County employees.

MINIMUM QUALIFICATIONS

Minimum qualifications are used as a guide for establishing the minimum experience, education, licensure, and/or certifications required for employment in the classification. The following minimum qualifications are established for this classification. Additional minimum qualifications and special conditions may apply to a specific position within this classification and will be stated on the job announcement.

Experience: A minimum of two (2) years of related experience that would provide the required knowledge and skills to perform the responsibilities of this position.

Licenses/Certifications: None Required.

PRE-EMPLOYMENT REQUIREMENTS

Must successfully pass a criminal history check which may include national or state fingerprint records check.

Driving may be necessary for County business. For position(s) with occasional/incidental driving, incumbents must possess a valid driver's license. Accommodation requests for an acceptable alternative method of transportation will be reviewed on an individual basis in compliance with State and Federal legislation. For position(s) with regular driving, incumbent(s) must also possess and maintain an acceptable driving record throughout the course of employment.