

REVIEWED 05/2024

| REPORTS TO: | Vice President/Chief Accounting Officer |
|--------------------|---|
| REVISED: | 02/2014; 04/2018; 09/2021 |
| | See current organizational chart for oversight/administrative support information |

PRIMARY FUNCTION:

Responsible for Advancing Exceptional Care by collecting payments owed by patients and keeping accurate records of patients' account balances. Will generate invoices, ensure that patients receive them, follow up on amounts outstanding, and make arrangements with patients regarding overdue accounts.

QUALIFICATIONS:

Education and/or Experience

- High school diploma or equivalent preferred
- Previous office experience preferred
- Previous insurance and billing experience preferred

Certificates, Licensure, Registrations

• For job-specific certifications refer to the <u>Education Certification Requirements by Job Category</u>: Non-Clinical Staff

| | Essential Job Duties and Responsibilities |
|----|--|
| 1. | Compiles information to send electronic or hard copy ub64 and 1500 of the patient's services to the correct agencies. |
| | Verifies hospital insurance information. |
| | Compiles hospital bills, completes appropriate forms, submit claims to proper agencies/insurance companies. |
| | • Files claim within a timely filing period. |
| | Contacts patients/insurance companies to collect unpaid insurance claims. |
| | Appeals claims denied with the proper documentation and time frame allowed for the different agencies. |
| 2. | Keeps current on changes to bill out a claim correctly. |
| | Stays informed about changes in Medicare, Medicaid, and commercial insurance agencies so that the hospital complies when billing out claims. |
| | • Ensures documents being submitted to all agencies are the current standards and policies. |



CSRII – CUSTOMER SERVICE REPRESENTATIVE II REVIEWED 05/2024

| | REVIEWED 05/2024 |
|----|---|
| | Essential Job Duties and Responsibilities |
| | • Keeps admission staff updated on changes that may affect a claim being processed correctly. |
| 3. | Demonstrates customer service strengths to patients, other staff members and community. |
| | Answers the telephone in a polite and helpful manner. Communicates information to the appropriate personnel. |
| | Interacts with patients/families in a professional manner. Provides explanations regarding statements and insurance coverage. |
| | • Treats patients and families with respect; ensures confidentiality of patient records. |
| | • Maintains a good working relationship within the department and with other departments. |
| | • Maintains a professional working relationship with insurance companies and other entities. |
| 4. | Assists patients, community, and guarantors regarding payment of their account. |
| | • Explains balances due in an understandable manner. |
| | Follows up, corresponds, and documents payment arrangements and delinquent status of accounts on a consistent and timely basis. |
| | • Follows policies regarding collection, self-pay balances, charity care, write offs and bad debt. |
| | Works with attorneys and collection agencies on private pay accounts, delinquent accounts, and legal claims. |
| 5. | Ensures electronic receipting for both clinic and hospital in a complete, accurate manner to ensure timely closing of days. |
| | Processes patient statement information to the proper agencies on a weekly basis. Processes patient refunds in a timely manner. |
| 6. | Performs balances daily. |
| | Posts receipts to the proper accounts. |
| | Balances the receipts to the ledger accounts. |
| | • Prepares the deposit for the bank. |
| 7. | Participates in CRHC'S Quality program, committees, performance and quality improvement initiatives, and activities which support the facility and department operations. |
| | • Demonstrates a commitment to the practices of Quality Improvement (QI). |
| | Regularly attends Department huddles |
| | Completes tasks as outlined on Department Huddle Board. |



REVIEWED 05/2024

ESSENTIAL WORK ENVIRONMENT & PHYSICAL REQUIREMENTS:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

(check appropriate column or enter maximum individual lifting requirement)

| Physical Activity | Not | Occasionally | Frequent | Continuous |
|------------------------------------|------------|-------------------|--------------------|---------------------|
| | Applicable | (0-35% of day) | (36-66% of day) | (67-100% of day) |
| Sitting | | | | X |
| Standing | | X | | |
| Walking | | X | | |
| Climbing | X | | | |
| Driving | X | | | |
| Lifting (floor to waist level) | | | | 5 lbs. |
| Lifting (waist level and above) | | | | 5 lbs. |
| Lifting (shoulder level and above) | | | | |
| Carrying objects | | | Х | |
| Push/pull | | | | 15 lbs. |
| Twisting | | X | | |
| Bending | | X | | |
| Reaching forward | | | Х | |
| Reaching overhead | | X | | |
| Squat/kneel/crawl | X | | | |
| Wrist position deviation | | | | x |
| Pinching/fine motor activities | | | | X |
| Keyboard use/repetitive motion | | | | x |
| Taste | x | | | |
| Talk | | | | X |



REVIEWED 05/2024

| Smell | X | | | |
|----------------------|-------------------|-------------------|------------------------|----------|
| Sensory Requirements | Not Applicable | Accurate 20/40 | Very Accurate 20/20 | |
| Near Vision | | x | | - |
| Far Vision | | X | | - |
| | Not Applicable | Yes | No | |
| Color Discrimination | | | X | - |
| | Not Applicable | Accurate | Minimal | Moderate |
| Depth Perception | | X | | |
| Hearing | | x | | |

| Environment Requirements | Not | Reasonably |
|--------------------------------------|-------------|-------------|
| Occupational Exposure Risk Potential | Anticipated | Anticipated |
| Bloodborne Pathogens | X | |
| Chemical | X | |
| Airborne Communicable Disease | X | |
| Extreme Temperatures | X | |
| Radiation | X | |
| Uneven Surfaces or Elevations | X | |
| Extreme Noise Levels | X | |
| Dust/Particulate Matter | | X |
| Other (List) | | |

| Shift Requirements | 8 hrs/day | 10 hrs/day | 12 hrs/day | Other (varied) |
|---------------------|-------------------|------------|------------|-------------------|
| Usual workday hours | X | | | |
| | Not Applicable | Yes | Νο | |



REVIEWED 05/2024

| Regular, punctual attendance for assigned shifts | х | |
|--|---|--|
| Available to work overtime | х | |



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ESSENTIAL FUNCTION FORM

In compliance with the Americans with Disabilities Act, we are requesting that you read the job description and answer the following question. If you would like assistance with this process, please ask Human Resources.

Can you perform the essential functions of the position with or without reasonable accommodations?

| | YES | NO | | |
|----------------------|-----|----|-------|--|
| Name (please print): | | | | |
| Signature: | | | Date: | |