

**INGHAM COUNTY
JOB DESCRIPTION**

BILLING SPECIALIST

General Summary:

With direction from the Billing and Collections Coordinator, acts as a senior billing staff person in monitoring, identifying and resolving issues related to account receivables. Examines account receivable reports to determine unpaid claims, investigating unpaid third party claims for possible rebilling. Assists with organizing and prioritizing the duties of billing and support staff to ensure all activities are completed in a timely manner. Assists with bad-debt and charitable write-off adjustments on aged patient accounts. Also assists with the transaction entry, billing and payment posting processes.

Essential Functions:

1. Organizes and prioritizes the duties of billing support staff to ensure all activities are completed in a timely manner. As a senior billing staff, works with support staff to explain situation and respond to questions related to the billing and payment entry process.
2. Assists with transaction entry, billing and payment posting processes.
3. Assists with interpreting rejected claims as well as claims on front-end edit reports so that these claims are billed and/or re-billed in a timely fashion.
4. Address special projects, such as testing completed work requests from our patient management system vendor.
5. Assists the Billing and Billing and Collections Coordinator and Clinic Information System Training Coordinator with developing staff training and resource materials.
6. Acts as a back-up resource person for the Clinic Information System Training Coordinator for staff inquiries.

Other Functions:

7. Performs other work duties as assigned.
8. During a public health emergency, the employee may be required to perform duties similar to but not limited to those in his/her job description.

An employee in this position may be called upon to do any or all of the above tasks. (These examples do not include all of the tasks which the employees may be expected to perform.)

Employment Qualifications:

Education: Bachelor's Degree in Business, or Medical Office Management.

Experience: Two years experience in medical insurance billing including Medicaid, Medicare and commercial insurances.

- * Must be familiar with FFS, HMO, PPO, POS, and capitation.
- * Prior experience of patient financial services operations with specific focus in outpatient managed care and commercial payers.
- * Experience with CPT, CDT and ICD9 codes.
- *Excellent analytical skills.
- * Confidence to work independently, and responsive to a team environment.

Other Requirements:

The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria.

Physical Requirements: *[This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the following requirements. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements]:*

Ability to access office files.
Lifts and carries boxes and other materials.

Working Conditions:

Works in office conditions.