

Position Description

POSITION TITLE: Patient Account Specialist

I. POSITION SUMMARY:

Under the supervision of the Patient Account Supervisor, Completes billing or follow-up process accurately and timely for designated group of accounts, by payer classification or other method of assignment. Ensures accurate and complete information appears on the claim while safe guarding the hospital by demonstrating consistent professional and compliant conduct. Must complete and pass Medicare regulatory training within 30 days of hire and receive certificate of completion. Verify and write refunds to patient or insurance companies.

Duties and Responsibilities:

- Reviews each UB-04 (837I) and 1505 (837P) Claim not passing the electronic edits for complete and accurate information from the billing systems.
- Ensures the timeliness of follow-up by reviewing designated claims for payment.
- Requests all required billing attachments (ie referrals, Treatment Authorization and or Certification #'s, Second opinion reports, Claim forms, etc.) from appropriate source.
- Maintains billing productivity in line with departmental standards while completing accurately all productivity reports.
- Prints and sends out any insurance requests for itemized charges.
- Ensures that secondary bills are processed within 14 days.
- Responsible for keeping total accounts receivable consistent with goals and objectives established by the Patient Accounts Manager.
- Participates in discussions with other Business Office personnel to resolve problems encountered with claims processing.
- Interacts with other members of the Finance Department to facilitate common goals.
- Assumes responsibility for own continued learning to maintain and increase professional competence.
- Participates, identifies and works to resolve issues brought weekly to the business Office Compliance Team.
- Performs other tasks related to the billing, follow-up & denials management and the maintenance of department policy as assigned.
- Promotes and reinforces the mission values and goals of the Business Office and the Hospital.
- Courteous to our customers, which include patients, visitors, physicians, volunteers and fellow employees.
- Demonstrates honesty, discretion in conduct, and confidentiality in conversation in all of work environment.
- Reports patient safety concerns and hazardous conditions in a timely and appropriate manner.

- Follows standards of conduct and procedures of hospital and applicable laws and regulations and reports violations through appropriate chain of command.
- Consistently demonstrates willingness to assist co-workers in the completion of daily tasks to support departmental efficiency. Always respects and works well with supervisors and those in authority. Promotes and maintains the departmental mission and philosophy.

Note: The above statements reflect the general duties considered necessary to describe the principal functions of the job

II. Organizational Relationship:

Reports to: Patient Accounts Supervisor/Patient Accounts Manager

III. EDUCATION AND EXPERIENCE REQUIRED FOR POSITION:

Education:

- Bachelor's Degree in Business Administration or equivalent
- CRCR Certification Preferred

Experience

- 2-3+ Year(s) of Experience in Billing, Follow-up & Denials Management

The **kind** of position-related experience includes:

- UB04 billing and follow-up experience.
- Ability to interpret the insurance Remittance Advice/EOBs.
- Familiarity of CARC and RARC codes.
- Expertise in Denials Management and appeals process.
- Familiarity of various payer portals.
- Superior phone and email etiquette is required.
- Strong communication skills, written and verbal are required.
- Ability to communicate effectively about complex matters with others who have varying levels of education.
- Ability to work under pressure and on multiple projects at once.
- Ability to meet aggressive deadlines.