

BILLING SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for the performance of specialized clerical duties at Willow Point Nursing Facility involving processing Medicare, Medicaid and third party health insurance claims. Incumbents may specialize in billing in one or more area such as Medicare or Medicaid. The incumbent performs account keeping, billing and reimbursement tasks that require the interpretation and application of various federal, state, county and institutional regulations. Work involves coding reimbursement billings and the accurate reporting of financial information. Work is performed under the general supervision of the Fiscal Manager with some leeway allowed for the use of independent judgment. Supervision is not a responsibility of this position. Does related duties as required.

TYPICAL WORK ACTIVITIES:

Reviews and interprets information received from various departments, disciplines, and outside vendors and applies appropriate billing methods in interpreting data and entering into computer;

Reviews claims for adjudicated Medicare and/or Medicaid payments to determine availability of third party insurance;

Reviews and interprets medical payment remittance advice and assures appropriate application to resident billing account, reconciling accounts where appropriate;

Computes payments for patients who are eligible for Medicare or Medicaid;

Prepares billing claims ensuring completeness and accuracy;

Verifies and interprets medical coverage with various governmental and commercial insurers and providers;

Reviews claim payments and compares to claims submitted; follows up on claims that are denied;

Bills appropriate insurers utilizing federally approved billing format in both electronic and paper format as applicable;

Searches computer database to obtain data necessary for state and federal reports and/or reimbursement claims;

Contacts residents, responsible parties, vendors, and other health providers by phone or written correspondence to obtain additional information;

Answers telephone, walk-in or written inquiries regarding Medicare, Medicaid or health insurance coverage;

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Creates, updates and maintains various patient files and statistical records;
Prepares a variety of reports and records related to billing activities;
Operates a calculator, personal computer and other related office equipment.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of the New York State and Federal regulations, including coverage and entitlement criteria, billing rules, beneficiary rights and provider responsibilities;
Good knowledge of Medicare, Medicaid and third party health insurance coverage, requirements and procedures;
Good knowledge of nursing home billing and reimbursement methods;
Good knowledge of medical billing requirements and procedures;
Good knowledge of office terminology, procedures and equipment;
Interprets medical insurance coverage and applies interpretation to facility specific medical billing software to create reimbursement models for specific residents;
Ability to manage, analyze and reconcile billing and payment detail;
Ability to make more difficult arithmetic computations involving fractions, decimals and percentages accurately;
Ability to understand and carry out moderately complex oral and written directions;
Ability to perform close, detail work involving considerable visual effort and strain;
Ability to develop effective working relationships and deal diplomatically with the others;
Ability to interpret insurance documents including insurance cards and policies;
Ability to organize and maintain accurate records and files;
Ability to analyze and organize data and prepare record reports and spread sheets;
Ability to operate a personal computer and utilize common office software programs including word processing, spreadsheets and databases;
Ability to maintain the confidentiality of medical records;
Attention to detail;
Problem solving skills;
Ability to deal compassionately with individuals;
Clerical aptitude; Accuracy; Tact; Courtesy; Good judgment;

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MINIMUM QUALIFICATIONS:

- (A) Graduation from a New York State registered or regionally accredited college or university with an Associate's Degree or higher in accounting, business, or a closely related field and one year of experience processing Medicaid claims, Medicare claims or commercial insurance claims in a hospital, nursing home or long term care facility; OR
- B) Graduation from high school or possession of a New York State equivalency diploma and three years experience processing Medicaid claims, Medicare claims or commercial insurance claims in a hospital, nursing home or long term care facility; OR
- C) An equivalent combination of training and experience as indicated in A) and B) above.

NOTE: One year of specialized experience is required. Education beyond the Associates Degree cannot be substituted for experience.