

PRINCIPAL BILLING SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: This work has responsibility for planning and supervising the specialized billing and clerical duties at Willow Point Rehabilitation and Nursing Center. The incumbent has overall responsibility for ensuring the accurate processing of Medicare, Medicaid and third party health insurance claims, patient billing, account receivables, and Resident Trust banking activity. Work is performed under the general supervision of the Deputy Nursing Home Administrator for Fiscal Services or the Fiscal Manager. Supervision is exercised over Senior Billing Specialist, Billing Specialist, Program Assistants, Account Clerks and Clerks in the Administration/Fiscal Services division. Does related work as required.

TYPICAL WORK ACTIVITIES:

Plans, assigns and reviews the maintaining and checking of a wide variety of financial records and reports and instructs employees in the specialized details of this work;

Has responsibility for the day to day operations of the Business Office which includes billing activities, customer service interaction, collections activity, review of account receivables, and resident trust banking activity;

Reviews and analyzes Account Receivables data to identify any unpaid claims, patterns of non-payment and discrepancies;

Responsibility for troubleshooting Revenue Cycle activities, errors and issues, as well as managing grievances;

Responsibility for the review and analysis of provider remittance advice received with claim payment, posting of payments, adjustments and reconciliations;

Responsibility for final determination in resolving questions, issues and errors;

Ensures timely processing of certifications and filing of claims;

Provides informational support and training to employees in the Business Office;

Attends various meetings including multidisciplinary Medicare meetings and departmental meetings;

Ensures timely and accurate entry of ancillary data necessary to bill all payers;

Prepares and maintains a variety of records and reports related to billing activities;

Assists the Fiscal Manager and Deputy Nursing Home Administrator for Fiscal Services with any special projects related to billing and account receivable functions.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of the New York State and Federal regulations, including coverage and entitlement criteria, billing rules, beneficiary rights and provider responsibilities;

Thorough knowledge of Medicare, Medicaid and third party health insurance coverage, requirements and procedures;

Thorough knowledge of medical billing requirements and procedures;

Thorough knowledge of nursing home billing and reimbursement methods;

Good knowledge of office terminology, procedures and equipment;

Ability to develop effective working relationships and deal diplomatically with the public, subordinates, and other work contacts;

Ability to prioritize, assign and supervise the work of others;

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 complex oral and written directions;

Ability to communicate effectively both orally and in writing;

Ability to perform close, detail work involving considerable visual effort and strain;

Ability to interpret insurance documents including insurance cards and policies;

Ability to deal compassionately with individuals;

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;

Clerical aptitude;

Accuracy;

Tact;

Courtesy.

MINIMUM QUALIFICATIONS:

A) Graduation from a New York State registered or regionally accredited college or university with a Bachelor's Degree in accounting, business, medical coding or a closely related field and two years of experience processing Medicaid claims, Medicare claims or medical insurance claims, one of which included supervisory responsibilities;

B) Graduation from a New York State registered or regionally accredited college or university with an Associate's Degree in accounting, business, medical coding or a closely related field and four years of experience processing Medicaid claims, Medicare claims or medical insurance claims one of which included supervisory responsibilities; OR

C) Graduation from high school or possession of a New York State equivalency diploma and six years' experience processing Medicaid claims, Medicare claims or medical insurance claims one of which included supervisory responsibilities; OR

D) An equivalent combination of training and experience as indicated in A, B) and C) above.

NOTE: Specialized experience is required. Education beyond the degree requirements cannot be substituted for experience.