

Catholic Charities of Chemung/Schuylers
POSITION DESCRIPTION

POSITION TITLE:	Billing Specialist	STATUS: Non- Exempt
DEPARTMENT:	Gateways	W/C#: 8810
EEO #:	5	GRADE LEVEL: 245

PRIMARY FUNCTIONS: Under the Supervision of the Director of Administrative Services, the Billing Specialist is directly responsible for managing the claims revenue cycle from preparation of claims to payment/collections according to the respective insurer's guidelines and processes. The Billing Specialist coordinates the work processes among Supervisors, Finance Director and Quality Assurance/Compliance Officer. The Billing Specialist also interfaces with funders and insurance providers and their respective computer-based billing systems.

SPECIFIC DUTIES:

- Ensures timely submission of all eligible claims; monitor timely preparation of billing notes, notify the respective supervisor of delays, as per program standards.
- Reviews claims for accuracy, coding and completeness before sending to payors; report errors to respective supervisor and resolve errors, as needed.
- Prepares and submits electronic claims to the appropriate clearinghouse, tracks batches and generates a billing report of expected payments for Finance Department; ensures that all billings are submitted.
- Reviews rejection reports of initial submission of electronic remittances to ensure accurate posting of payments, resolving errors as needed.
- Reviews account receivables/aging reports to ensure payments are received in a timely manner; notifies appropriate manager of identified errors, rejection codes and/or denials requiring resolution and ensure re-submissions of corrected claim in a timely manner.
- Communicates with payors when necessary to facilitate reimbursement.
- Reconcile all individual billing accounts
- Provides Director of Administrative Services with recurring status reports (Rejection Report and A/R Report.)
- Provides Director of Administrative Services with continual information regarding billing trends.
- Report any suspicious or actual activity/pattern that constitutes fraud, waste or abuse of governmental funds, immediately to the Compliance Officer.
- Maintains current knowledge of each payor's billing/reimbursement guidelines and billing code updates.
- Demonstrates professionalism with payor entities.
- Assist in the training of all personnel involved in the billing process who are involved in the billing process to ensure accurate, quick and correct billing procedures.
- Understands, adheres to, and performs all duties in accordance with established agency policy and procedures.
- Attends training seminars, workshops and other educational activities to keep abreast of new developments and changes related to the billing/reimbursement process.
- Participates in related staff meetings and in-service staff development opportunities.
- Performs any and all other duties as assigned.

TITLE OF DIRECT SUPERVISOR Director of Administrative Services

QUALIFICATIONS:

1. High School Diploma (GED), and 3 years' experience in healthcare office, billing function or
2. Associate degree in Business Administration/Accounting, and 1-year experience in healthcare office, billing function, or
3. Equivalent college-level education and experience in a business, humans services or healthcare field.

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EXPERIENCE:

1. Preferred, one (1) year of candidate's experience in medical billing/Medicaid billing.

SPECIAL REQUIREMENTS:

Working knowledge Medicaid electronic billing preferred

ADDITIONAL REQUIREMENTS:

- Demonstrate ethical business practices, in conformance with all state and federal laws and regulations.
- Possess excellent verbal and written communication skills.
- Ability to multi-task and prioritize duties.
- Willingness to foster agency, department and program wide cooperation and team work through use of positive/constructive communication techniques.
- Ability to maintain absolute confidentiality in regard to all records reviewed including consumer records, employee records and billing records.
- Proficiency and experience with PC's and Microsoft applications.
- Ability to analyze and interpret data and to handle problem resolution.
- Possession of a valid NYS Driver's license and a driver's record considered acceptable by agency and insurance carrier.
- Continuous use of a reliable, registered and insured vehicle.
- Demonstrate commitment to Agency Mission Statement.
- Working knowledge of community resources and funding systems external to the agency.
- Demonstrated knowledge of program compliance, regulations, and requirements of funding sources, HIPAA, and with the policies of Gateways Community Living Program including the Catholic Charities Confidentiality Statement.