

ALTA CARE GROUP

Job Duties & Requisite Work Skills

T.O. Position Number:	Worker Name:
F.T.E.:	Credentials:
Division: Behavioral Healthcare	FSLA Overtime Exempt: [] Yes [X] No
Position Series/Service Area: Line/Management Support	Working Title: Billing Clerk
Position Category: Management Specialist	Effective Date:
JD Effective Date: 12/1/06; r-11/22/16	

Administrative Supervisor: _____ **Date:** _____

Worker Signature: _____ **Date:** _____

GENERAL RESPONSIBILITIES

Provide assistance to the office of the CEO, CFO or Clinical Director through the provision of highly skilled, complex or technical services that are not of a clerical assistant or associates nature alone. Such jobs involve highly independent decision making, such as may be involved in the organization of tasks necessary to completing a Board or Grant work project, analysis and interpretation of technical rules or standards, and systems analysis. Perform billing and charge entry functions for the center in accordance with Alta’s policies and procedures.

SPECIFIC ESSENTIAL FUNCTIONS OF THE JOB

# Code	Major Area	Letter	Specific Responsibilities
1-99	% Allocation	A-Z	
1	Billing	A	Prepares, posts, verifies, and records client payments and transactions related to accounts receivable. Reviews bank statements daily to identify what needs posted against the clients record. Check commercial websites to see what needs posted per the bank statement. Check cash receipts and reconciliation daily. Type, reconcile and verify monthly client billings and insurance forms;
		B	Perform all functions necessary (e.g., gets client signatures on forms, makes phone calls to get information from either client or insurance company, etc.). Ensures that Insurance information is accurate and clients include all information required for Medicaid and Insurance reimbursement.
		C	Prepare charges and creates invoices for client and Insurance companies according to company practices; submits invoices to clients, and insurance.
		D	Drafts correspondence for standard past-due accounts and collections, identifies delinquent accounts by reviewing files and the general ledger, and contacts delinquent

accountholders to request payment.

- E Creates reports regarding the current status of customer accounts as requested.
- F Researches customer discrepancies and past-due amounts.
- G Prepare and verify Medicaid billing roster; assist in reconciliations to Medicaid. Post Medicaid 835's. Verifies correct Medicaid coding to ensure prompt payment. Attend meetings or workshops designed to update Medicaid billing procedures.
- H Inputs correct billing information and transmits electronically to the Medicaid carrier.
- I Authorizes or adjust rejected claims to correct errors. Applies adjustments to individual accounts. Follow-up includes making telephone inquiries, resubmitting rejected or denied claims, and verifying correct payments/adjustments.
- J Prepares weekly and monthly reports of Medicaid billing for the CFO.
- K Relays changes of information to appropriate staff.
- L Receive precertification's for clients, and monitor as needed. Keep abreast of client insurance info, use of Insurance portals when available, contact clients and update as needed. Ensure that the clinician assigned to the client is on that clients plan.
- M Follows up with clients on past due amounts and establishes payment plans.
- N Responsible for operating computer software to produce electronic billing which includes processing of data information and generating reports. Works directly with software provider, consultants and in-house IT technical staff to correct problems to improve and sustain electronic billing system.
- O Performs other related duties as assigned.

2 Accounting

- A Is responsible for the posting of various types of accounting transactions to ledgers, journals or cash books, make necessary mathematical computations for posting and maintenance of records, makes financial statements. Keep

budget accounts and auxiliary records, prepares audits and special accounting reports.

		B	Assist the CFO in preparation of budget and of summary and special reports concerning fiscal, budgetary matters.
3	Credentialing	A	Get NPI and Medicaid numbers for staff as needed. Link to the HMO's. Update on MITS with licensure changes.
		B	Credential staff with Commercial Insurance companies and HMO's. Credential the organization with Insurance companies and panels.
4	Clerical	A	Perform general and technical clerical tasks related to office work (ie, Distributions, sends out mail; does copy work; prepare reports; reliable computer skills Microsoft/Excel; typing skills, etc.). Type reports, memorandums, and correspondence from written material and dictation, and perform other duties as assigned by the CFO.
5	M.I.S.	A	Verifies computer system accuracy in M.I.S. Billing. Responsible for creating valid procedures and service codes, trouble shoots problems encountered by current staff. Works directly with the software providers in carrying out these duties.
6	Training	A	Attend, as instructed, professional job skill enhancement training experiences. Attends training to keep abreast of changes in Medicaid billing procedures.
7	Verification	A	Submit accurate accounting of daily activity so as to meet established time lines as required by Alta's Management Information System.

WORK RELATIONS/CHARACTERISTICS

- 1 Maintain considerate interaction with colleagues and subordinates which respect the rights of others and fosters their confidence and cooperation.
- 2 Efficient in use of time.
- 3 Prompt completeness of assigned tasks.
- 4 Thoroughness in task completion.
- 5 Initiative in carrying out of job responsibilities.
- 6 Analytic and organized approach to problem solving.
- 7 Loyalty to Alta interests.

- 8 Sense of ethics.
 - 9 Maintain flexibility in adjusting to Alta and external policy changes.
 - 10 Maintain positive work attitude.
 - 11 Excellent verbal and written communication skills.
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SPECIFIC ESSENTIAL CONDITIONS OF EMPLOYMENT

- 1 Ability to provide own transportation to and from central Office and other community sites within Alta service area.
 - A Maintain valid Ohio Driver's License.
 - B Maintain insurance coverage on personal vehicle at least to State minimum.
 - 2 Physical ability, with reasonable accommodation if necessary, to perform specific responsibilities and operate office equipment necessary to fulfilling job responsibilities.
 - 3 Ability to work evenings and on weekends occasionally as needed, with reasonable accommodation if necessary. This will occur only with prior notice.
 - 4 Proficient in Microsoft Office or related software as well as other accounting software programs.
 - 5 Ability to make grammatical and spelling corrections to materials submitted for typing, with reasonable accommodation if necessary.
 - 6 Ability to operate computer, calculator, Xerox and other duplicators, printer and FAX machine, with reasonable accommodation if necessary.
 - 7 United States Citizen.
 - 8 Absence of past criminal activity which would bring into question professional and personal integrity as it applies to position responsibilities.
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MINIMUM QUALIFICATIONS

- 1 Prior experience with insurance billing procedures.
- 1 H.S. Diploma and minimum four years experience in job related duties.
- 2 Trade School Certificate or Associates degree plus minimum of three years experience.

PREFERRED QUALIFICATIONS

- 1 Prior work in mental health/medical health related field.
- 2 Prior experience with HCFA 1500 billing and knowledgeable of governmental, managed care and commercial payer regulations.
- 3 Experience with CPT codes and ICD-10 diagnosis codes.