

## SENIOR BILLING CLERK

**GENERAL STATEMENT OF DUTIES:** Performs professional tasks in the billing/coding process; responsibilities include charge entry, payment posting, accounts receivable, and insurance appeals; works under the direction of the Accounting Supervisor or other supervision staff to collect all available reimbursements for services performed; performs related work as required.

### **STATEMENT OF TASKS:**

- Collects and reviews all encounter forms from each program reporting to Supervisor when forms are not received or complete;
- Analyses account detail (charges, payments, adjustments) and answer detailed questions from Payers and third party Payers regarding claims or account status;
- Assists other billing staff to identify and provide solutions for denials to obtain proper reimbursement of services;
- Assists medical providers, billing staff, and clinic employees with direction on the usage of specific diagnosis codes, CPT codes and modifier of documentation requirements;
- Assists in compliance with governmental and other third-party payer rules and regulations governing coding and billing;
- Assists in implementing and maintaining Genesee County Health Department Medicaid compliance issues;
- Remains current and update other billing staff on MSA (Medicaid Service Administration) updates;
- Performs other medical billing accounts receivable duties.

The statement of tasks above is intended to be sufficient to identify the class and be illustrative of the many duties that may be assigned. It should not be interpreted to describe all of the duties an employee assigned to this class may be required to perform.

### **REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:**

- Must have a comprehensive knowledge of the Billing Process, coding CPT4 and ICD-9; excellent PC skill, working knowledge and experience with computerized billing systems and electronic claims submissions. ICD-10 knowledge or the current industry standard;
- Must have experience in professional/physician remittance advice statements for all major insurance payers;
- Must have experience in identifying and resolve billing and reimbursement issues;
- Prefer experience with maternal child health billing;
- Ability to trouble shoot denied claims from all payers;
- Knowledge of medical terminology and medical procedures as related to physician Medicaid and clinical support billing codes;
- Ability to conform to department performance standards;
- Ability to establish and maintain effective working relationships with superiors, co-workers, subordinates, consumers, and the public
- Ability to attend work regularly and to work under stressful conditions.

### **MINIMUM QUALIFICATIONS:**

Associates degree or Certification in medical curriculum/ RHIT or CCS-P or CPC certification **AND at least three (3) years** recent billing experience (within the last 5 years) in outpatient, Medicare and Medicaid, computerized and manual physician billing for third party payers **AND** supervisory or lead-biller equivalency position with discrepancy resolution experience;

OR

High school diploma or equivalent **AND at least 5 years** recent experience (within last 10 years) in outpatient, Medicare and Medicaid, computerized and manual physician billing for third party payers **AND** supervisory or lead-biller equivalency position with discrepancy resolution experience.

Established: February 23, 2011

  
Human Resources Director