



VALLEY HEALTH TEAM
LIVE BETTER. VIVE MEJOR.
JOB DESCRIPTION

POSITION:	BILLING/CODING SPECIALIST
REPORTS TO:	BILLING MANAGER
POSITIONS SUPERVISED:	NONE
CLASS:	REGULAR
CAT:	FULL-TIME
	NON-EXEMPT

BASIC FUNCTIONS:

Under the supervision of the Billing Manager, the Billing Specialist are responsible for clerical work involving the preparation and input of billing information to the patients' accounts. May work closely with patients to education them as to our corporate billing policies and procedures. The position requires some specialized training and/or experience in a medical business office setting.

DUTIES AND RESPONSIBILITIES:

1. Ability to explain our billing system and policies to patients.
2. Review patient route slips for completion of all patient identification and pay codes, provider and other codes, procedures and services provided, diagnosis and their corresponding diagnostic code.
3. Responsible for all phases of billing including policies and procedures for specific financial class assignments.
4. Perform income eligibility analyses for patients to determine eligibility for sliding fee scale adjustments.
5. Prepare, input and finalize claims for reimbursement including tracers, resubmissions, and retroactive billing.
6. Prepare, post receipts RA's/EOB's received including the reconciliation of claims suspended/denied.
7. Generate assigned summary reports for finance department.
8. Bill unpaid balances to patient or secondary payor, if applicable.
9. Prepare claims inquiries and follow-up on a timely manner to maximize reimbursement.
10. Compute feed and collects payments for services.
11. Make adjustments on patient accounts as necessary.
12. Complete billing statements for programs such as CHDP, FamilyPact, etc.
13. Contact patients regarding outstanding balances.
14. Establish payment plans to help patients manage payment of bills.
15. Send delinquent accounts to collection agencies.
16. Process insurance payments to patient accounts in computerized system.
17. Create and mail insurance claims and patient statements.
18. Rebill insurance companies or other third parties to secure payment for patients.
19. Verify all entries made by cashiers and makes corrections if necessary.
20. Train appropriate personnel on computerized billing system.
21. Respond to patient billing and statement inquiries.
22. Make recommendations to management for write-offs.
23. On a temporary basis, may be required to work at any satellite facility.
24. Contribute to team effort by assisting other departments as needed and while maintaining confidentiality of VHT's business.
25. Work cooperatively with all staff members and outside sources in a professional manner to deliver a high level of service.
26. Follow applicable regulations: Joint Commission, OSHA, HIPAA, and CLIA.
27. Serves and protects the practice by adhering to professional standards, policies and procedures, federal, state, and local requirements, and The Joint Commission Accreditation of Healthcare Organization standards.

28. Observe and practice all VHT Patient Experience Service Standards as outlined in “World Class Practices: My Commitment to Care (which I have read and signed). Practice CICARE when interacting with patients, their families, visitors, or internal customers.
29. Practice CICARE phone etiquette during all phone interactions.
30. Always exercise courtesy whenever patients, family members, visitors and co-workers are present.
31. Respect privacy and dignity of our patients, family members, visitors and co-workers.
32. Maintain professionalism in the presence of patients, their families, visitors and co-workers.
33. Act as a role model, verbally and behaviorally demonstrating skill, enthusiasm, positive problem solving, commitment and loyalty to the profession and the organization.
34. Perform other related duties, which may be inclusive, but not listed in the job description.

MINIMUM QUALIFICATIONS:

1. Associates degree or equivalent from two-year college or technical school; Six months to one year related experience and/or training or equivalent combination of education and experience
2. ICD-9/ICD-10 Coding experience required
3. Be self-motivated and have the ability to prioritize work and meet deadlines
4. Strong customer service skills (preferably within a service industry)
5. Modern office practices and procedures (including email)
6. General computer skills and demonstrated proficiency with MS Office Suite (e.g. Word, Excel, etc.)
7. Knowledge of federal laws and regulations affecting coding requirements
8. Knowledge of billing practices required, FQHC billing preferred
9. Knowledge of Electronic Health Records – NextGen experience strongly preferred
10. Extensive knowledge of official coding conventions and rules established by the American Medical Association (AMA) and the Center for Medicare and Medicaid Services (CMS) for assignment of diagnostic and procedural codes
11. Excellent oral and written communication skills – be able to provide information in a clear and concise manner; good interpersonal skills
12. Fluent conversational English/Spanish strongly preferred
13. Ability to be flexible with work schedule and available to work at all site locations
14. Must have own transportation, valid California Driver’s License and current proof of automobile insurance coverage
15. Demonstrated ability to provide world-class patient experience using CICARE principles and practices. Ability to be proactive and to go above and beyond the call of duty; take initiative to provide a world class patient experience in all encounters via email, phone or in person.

TYPICAL WORKING CONDITIONS: The office setting is a normal work environment. Occasionally work during early morning, evening or weekend. May be subjected to temperature variances in the office.

TYPICAL PHYSICAL DEMANDS: Requires sitting, standing, or walking for up to eight hours a day. Some bending, stretching, or reaching may be necessary. Lifting up to 40 pounds may be required on occasion. Vision must be correctable to 20/20 and hearing must be in the normal range for telephone contact.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee may come in contact with hazardous equipment such as liquid nitrogen, cleaning agents, and sharps. The noise level in the work environment is usually moderate but may become excessively loud with the increased patient flow during a busy clinic day.

I, the employee, understand the responsibilities and standards of my position as listed above, and I agree to fulfill them to the best of my ability. I understand I am an at-will employee and can be terminated at any time with or without cause. I also understand the Valley Health Team Inc. will not be responsible in any manner for termination’s

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which are due to defunding of Federal or State Contracts. I also agree that the VHT Board of Directors have the right to modify the Personnel Policies which govern my employment at any time.

This organization is an Affirmative Action Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Employee's Signature

Date

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