

MARQUETTE GENERAL HEALTH SYSTEMS

JOB DESCRIPTION

POSITION: Clinic Patient Acct. Rep. DEPARTMENT: Clinic Admin. (8060)
SUPERVISED BY: Dept. Supervisor SUPERVISES: None
EFFECTIVE DATE: 8/27/98 JCC: 851
REVIEW DATE: 1/00; 9/01; 5/02; 1/03 REVISED DATE: 1/00; 5/02; 1/03
PREPARED BY: Cindy Olson TITLE: Dir, Reimbursement-Provider Network
RECOMMENDED BY: Dennis Boe TITLE: Assistant Administrator
APPROVED BY: Al Hendra TITLE: Asst. Admin./Hum. Res.

POSITION SUMMARY:

Responsible for financial aspects of the patient's physician (professional) services. Identifies problems and seeks solutions to be implemented at the central billing office. Must analyze, process and expedite transactions, including claims management, coding edits, and collections for the timely resolution of patient accounts. Researches methodologies to ensure clean claims and maximize reimbursement while maintaining compliance with all Federal and State laws/regulations.

POSITION ACCOUNTABILITIES/COMPETENCIES**:

Does Meets Not Meet*

- 1. Maintains established hospital and departmental policies and procedures, objectives, performance improvement program, safety, environment of care, management of information, and infection control standards. (1,5)
2. Utilizes excellent customer service skills at all times. (1,5)
3. Complies with federal and state law and accrediting and licensing agencies at all times, to include but not limited to, JCAHO and federal compliance regulations. (1,5)
4. Recommends and assist with implementation of performance improvement (PI) projects. (2,5)
5. Develops and maintains an effective working relationship with patients and their families as needed to resolve outstanding accounts. Interprets, explains and influences patients and their families services provided and Provider Network policy regarding responsibility for deductibles, co-payments and non-covered services. May suggest alternative funding when appropriate. (1,2,4,5)
6. Maintains current knowledge of assigned insurance, government programs, and managed care plans. (1)
7. Contacts third party payer organizations and/or patients as

necessary to facilitate timely payment of charges and arrange for payment plans if required. Maintains current patient accounts, including checking obituaries and related estates. (1,2,3,4,5)

- 8. Maintains working knowledge of the practice management computer system, including proper data entry for demographics, charges, payments and coding. Demonstrates a working knowledge of posting fields to instruct clinic staff in appropriate charge posting for specific procedures or payer requirements. Demonstrates correct use of telephone and office equipment. (1,2,3,4,5)
- 9. Serves as a liaison with patients and their families to promote patient satisfaction. (5)
- 10. Researches denials from third party payers, including using payer based databases to verify eligibility, claim status, etc to ensure prompt resolution of the account. (1,2,5)
- 11. Demonstrates comprehensive knowledge of departmental procedures, insurance billing, Common Procedural Terminology (CPT) and International Classification of Diseases (ICD9), Healthcare Common Procedure Coding (HCPCS) coding. May develop procedures for clinic staff to ensure clean (correct) claims. (1,2,4,5)
- 12. Responds to telephone and written inquiries of patients, other health system personnel, outside agencies and third party payers and responds appropriately. (5)
- 13. Performs preliminary research and analysis on appropriate billing procedures, codes and practices to maximize reimbursement and documents the information for use by other staff. (1,2,3,4,5)
- 14. Reviews status reports or third party databases to determine the reason for claim denials or delayed payments. Interacts with others both internally and externally to resolve payment issues/problems. (1,2,5)
- 15. Follows BHS and Clinic Administration Collection procedures for past due amounts, including contacting patients for balances due in writing and by telephone, setting up appropriate payment plans if warranted, and sending accounts to outside collectors if indicated. (2,5)
- 16. Provides training to new staff regarding the billing, claims processing and collection policies, and maintains appropriate documentation. (2,5)

- 17. Interfaces with diverse levels of internal and external personnel to develop and maintain an effective rapport to resolve billing problems, including the use of multiple reference sources, including but not limited to: CPT, HCPCS and ICD9 Coding manuals, Correct Coding Initiatives (CCI) edits, Medicare, Medicaid and Blue Cross publications, and Local Medical Review Policies (LMRPs) published by our Medicare carrier regarding services provided by our professional staff. (1,2,3,4,5)

- 18. Enhances professional growth and development through participation in educational programs, in-services, workshops, seminars and current literature related to billing of professional claims.

- 19. Performs other related duties as assigned or requested.

* Comment or data needed to support this.

** Those activities that employees are required to and able to perform independently.

POSITION QUALIFICATIONS:

Minimum Education/Experience:

- High school graduate or equivalent with one-year experience

Preferred Education:

- 1 yr post-secondary education

Preferred Experience:

- 3 yrs working in a physician/hospital setting
- Formal training in CPT or ICD9 coding
- Experience with current practice management/hospital related billing software

Required Testing:

- Keyboarding - 35 w.p.m.

Other Skills:

- Basic math skills
- Proficiency with adding machines
- Medical terminology
- Ability to work as part of a team
- Excellent research, organizational, analytical and follow through skills
- Effective written and verbal communication skills
- Excellent customer service skills

Physical Demands:

- Light physical effort (lift/carry 10 lbs)
- Mostly sedentary work
- Occasional standing, walking, lifting
- Manual dexterity and mobility
- Occasional reaching, stooping, bending, kneeling and crouching

Working Conditions:

- Works in a highly computerized environment with significant keyboard use
- Contact with patients under a wide variety of circumstances
- Subject to many interruptions
- Occasional pressure due to multiple calls and inquiries

- (1) The performance of this function is the reason that the job exists and is a critical activity.
(2) There are limited employees among whom the performance of this function can be distributed.
(3) This function occupies a great deal of the employee's time.
(4) This function is highly specialized. Employees are hired for the skill/ability to perform this.
(5) Failure to perform this function may have serious consequences.
(8) Exposure to bloodborne pathogens that requires use of personal protective equipment.

The above statements are intended to describe the nature and level of work being performed. They are not construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. 8060_851.doc