

## ORANGE COUNTY CLASS SPECIFICATION

**TITLE:** MEDICAL BILLING CLERK **GRADE:** 10

**TITLE ABBREVIATION:** MEDICAL BILL CLK **TITLE NO.:** 6487

**JURIS.CL:** C **SALARY CODE:** 01 **EEO CODE:** AS **FLSA CODE:** NE

**DEPARTMENT:** RESIDENTIAL HEALTH CARE SERVICES **DIVISION:** FISCAL

**SUPERVISOR'S TITLE:** ACCOUNTING SUPERVISOR

**DISTINGUISHING FEATURES OF THE CLASS:** This is specialized clerical work involving responsibility for independently performing medical billing to multiple insurance companies or private payors to collect revenue. Incumbents specialize in billing in one or more area such as Medicare or Medicaid or billing for inpatient, outpatient and home health care services. The incumbent performs account keeping, billing, and reimbursement tasks that require interpretation and application of various federal, state, county and institutional regulations. Work includes coding reimbursement billings and accurate reporting of financial information. Work is performed under general supervision with some leeway allowed for the use of independent judgment. Supervision is not a feature of this class. Does related duties as required.

### **TYPICAL WORK ACTIVITIES:**

Reviews insurance claims for adjudicated Medicare or Medicaid payments to determine availability of third party insurance;

Reviews budget letters on a monthly basis from Medicaid with the new Net Amount of Monthly Income (NAMI) for each resident due to an increase/decrease in income, an adjustment, or recertification;

Posts figures to appropriate accounts, makes all necessary adjustments in balances and verifies and reconciles balances; renews status of accounts as adjustments are made and takes receipts for monies received, or preparing bills, as needed;

Accepts payments via cash, checks or credit cards and processes bills or invoices for payment; prepares deposits; posts payments to appropriate accounts; payments are tracked and reconciled on spreadsheets; prepares and provides receipts to residents or family members;

Assists residents and family members in the Medicaid billing process; remains in contact with county's Medicaid offices on new Medicaid applications, conversions, and recertifications; collects and provides additional information from residents or family members;

Ensures that claims are billed properly and timely; verifies the information is in the correct bill type; optimizes collection of revenues through timely posting of payments and follows up on denied insurance claims;

Works to resolve insurance claim disputes surrounding resident billing; tracks outstanding balances or unpaid insurance claims; gathers information and maintains current spreadsheet data;

Contacts residents, responsible parties, vendors, and other health providers by phone or written correspondence to obtain additional information;

Answers telephone, e-mail, or walk in inquiries regarding Medicare, Medicaid, or health insurance coverage and payment processing;

Attends and participates in administrative meetings to review accounts, listings of residents or payor sources that require attention, and remain current with business procedures;

Operates various computerized systems/programs and applications such as spreadsheets, word-processing, calculator, calendar, email or other department related database in performing work assignments;

May process invoices for payment; prepare and distribute checks according to prescribed procedures.

**FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Good knowledge of Medicare, Medicaid, and third party health insurance coverage, requirements and processing of insurance claims; good knowledge of nursing home billing and reimbursement methods; good knowledge of medical billing requirements and procedures; good knowledge of financial accounting and record keeping practices; computer skill in the use of standard office applications such as e-mail, spreadsheets, word processing or database systems; ability to maintain financial accounts; ability to follow complex oral and written directions; ability to prepare correspondence and reports; ability to maintain the confidentiality of medical records; clerical aptitude; initiative; compassion; good judgment; physical condition commensurate with the demands of the position.

**MINIMUM QUALIFICATIONS:** Either

- (A) Completion of 60 credit hours from a regionally accredited college or university or one accredited by the New York State Board of Regents to grant degrees and three (3) years of office clerical experience which shall have included maintenance of financial accounts and processing of health insurance claims or billing; OR
- (B) Graduation from high school or possession of a high school equivalency diploma and five (5) years of office clerical experience which shall have included maintenance of financial accounts and processing of health insurance claims or billing; OR
- (C) An equivalent combination of training and experience as defined by (A) and (B) above.