



Job Title: Medical Billing Lead

FLSA Classification: nonexempt

Salary Grade: 103

Reports to: Revenue Cycle Manager (RCM)

Date: 12/16/2021

JOB DESCRIPTION

Summary/objective

Success in this role demands in-depth knowledge of medical billing. Must also be able to demonstrate exceptional communication skills, as communicating with patients, insurance agents, and Athena staff will be a large part of the job.

Essential functions

Reasonable accommodations may be made to enable individuals with disabilities to perform these essential functions.

- Processes billing to patients and third-party insurance companies.
- Evaluates patient's financial status and establishes budget payment plans.
- Performs various collection actions including contacting patients by phone, correcting and resubmitting claims to third party payers, and reviewing past due accounts
- Assist the Patient Resource Specialists with Sliding Fee Scale and cash discounts
- Assist the RCM in overseeing the operations of the billing department, encompassing medical coding, charge entry, claims submissions, payment posting, accounts receivable follow-up, and reimbursement management
- Serves as the practice expert and go to person for coding and billing processes
- Prepares and analyzes accounts receivable reports, and weekly and monthly financial reports to review with the RCM
- Provides, oversees, and/or coordinates the provision of training for new and existing billing staff on applicable operating policies, protocols, systems and procedures, standards, and techniques
- Performs an internal audit for the verification of practitioners coding accuracy
- Reviews and makes recommendations on appealed provider claims and makes determinations for appeals & grievances from members
- Maintains library of information/tools related to documentation guidelines and coding.
- Other duties as assigned by the RCM

Competencies

- Ensure accuracy/efficiency in medical billing, patient account management, timely collections, and patient eligibility

- Identify denials resulting from ineffective office practices and offering solutions and suggestions. Identify denial trends by payer and discuss their trends with management
- Accountable for being knowledgeable and understanding of all aspects of the billing and coding staff duties
- Keep up to date with carrier rule changes and distribute the information within the practice
- Understands and remains updated with current coding and billing regulations and compliance requirements
- Manage the set up and ongoing management of all electronic billing functions to ensure effective and efficient billing and collections processes
- Ensures that the activities of the billing operations are conducted in a manner that is consistent with overall department protocol, and are following Federal, State, and payer regulations, guidelines, and requirements
- Maintain strictest confidentiality; adhere to all HIPAA guidelines/regulations and provide reports to management as needed regarding potential HIPAA compliance issues

Supervisory responsibilities

This position has no supervisory responsibilities

Work environment

Business office environment and remote.

Physical demands

physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Employee is regularly required to sit for extended periods of time
- Employee is regularly required to use hands and fingers for typing
- Employee is regularly required to view a computer monitor for extended periods of time

Travel required

All Packard Health sites as needed

Required education and experience

- High school diploma or equivalent
- Minimum of 5 years previous experience as a medical biller or in a related healthcare administrative position
- Knowledge of insurance guidelines including HMO/PPO, Medicare, Medicaid and other payer requirements and systems
- Certified Professional Coder
- Maintaining patient confidentiality as per the health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Knowledge of medical terminology likely to be encountered in medical claims
- Proven proficiency in Microsoft Office- Excel, Word, and Outlook

Preferred education and experience

- Associate's / Bachelor's Degree
- Knowledge of business and accounting processes
- Experience with Athenanet EMR
- Language proficiency in Spanish or Arabic desirable.

Additional eligibility requirements

Covid and Influenza vaccine required
(Vaccines can be provided if needed)

Work authorization/security clearance requirements**Affirmative Action/EEO statement****Other duties**

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities, and activities may change at any time with or without notice.

Signatures

This job description has been approved by:

Manager _____ Date _____

HR _____ Date _____

Employee signature below indicates the employee's understanding of the requirements, essential functions, and duties of the position.

Employee _____ Date _____

This job description is a general description of job functions. It is not intended as an employment contract, nor is it intended to describe all duties someone in this position may perform. All employees of Packard Health are expected to perform tasks as assigned by PH supervisory/management personnel, regardless of job title or routine job duties. In accordance with the Americans with Disabilities Act, PH will provide reasonable accommodations for individuals who can perform the essential functions of this job