

Fairbanks Billing Services, LLC.

Job Description

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| Job Title: | Biller Level 2 |
| Occupational Code: | 43-3021 |
| Employee Status: | Regular Full Time |
| Employment Status: | At Will |
| Date Revised: | October 31, 2007 |
| Reviewed By: | Katie Best, Manager |

Job Summary:

Under direct supervision from Billing Coordinator, is expected to perform assigned duties accurately and with minimum supervision. The main responsibilities of this position are to call on Outstanding Claims in aging bracket 61 to 120 days for all Clients. It is this positions responsibility to make sure that all claims have been received and are being processed, if it is not on file, re-file the claim, if information is needed request it. This position is also responsible for working problems that have been received by mail and/or noted during payment posting. This position is in the rotation to take patient phone calls. This position works closely with all staff within FBS.

Goals of this position is to become comfortable with the in's and out's of the insurance world, know how to deal with each Client's needs to get claims paid and have a good understanding of the beginning to ending picture of claim and payment processing so that you have the knowledge to move into Biller Level 3.

Education Requirement:

- High School diploma required
- College education or trade school preferred

Qualifications and Experience:

- Computer literate, with keyboard skills
- Understanding of Explanation of Benefits Forms, claim forms and the insurance billing process
- Knowledge of third party payer reimbursement guidelines
- Working knowledge of managed care, commercial insurance, Medicare, Medicaid and Worker's Compensation
- Basic knowledge of CPT and ICD-9-CM coding
- The ability to discuss financial responsibilities and establishing payment plans when necessary
- Pleasant speaking voice and demeanor
- Strong written and verbal communication skills

- Basic knowledge of HIPAA guidelines

Job Responsibilities:

This position can overlap with Biller Level 1 or 3 depending on staffing and/or Billers abilities

- Deals with diverse group of external callers and visitors as well as internal contacts at all levels of the organization
- Uses the Aged Outstanding Claims report to follow up with all third party insurance carriers on unpaid claims aged 61-120 days
- Utilizes Aged Accounts Receivable report for aged claims 61-120 days to identify accounts that may have been missed on the Aged Outstanding Claims report to ensure they are in processing for payment as well
- Corrects billing errors and resubmits claims and/or generates letters to patients when needed
- Continuing learning and maintaining working knowledge of insurance follow-up protocols
- Corrects patient insurance information and order, if and when needed
- Resubmit insurance claims when needed either electronically or by paper
- Establishes payment plan with patients when necessary
- Works closely with Report Analysts Clerk, with claims not being on file through FastServices for missing and/or needed information by insurance carriers
- Prints and Reviews all Error Reports for all Clients, completing corrections weekly
- Any updates or Broadcasts that are received through FastServices need to be given to the Office Manager
- Corrects Problem Claims as noted in the Error Reports and resubmits for payment, always noting on patient account under FastNotes what was done to correct the error
- Watching for repeated Errors during claim submission, so that pattern can be found and solutions can be implemented to eliminate potential problems
- Makes necessary adjustment to patients accounts ie: write-off finance charges, deny claims, special write-offs as requested
- Handles overbills and re-keys when necessary as authorized by Client and/or Billing Coordinator with prior approval
- Additional payment and charge posting will be assigned as knowledge is gained and/or as needed
- As knowledge is gained will assist as directed by Billing Coordinator with research and processing of Clients Monthly Refunds
- Responds to written and telephone inquiries from patients or clients
- Covers Reception desk when needed
- Performs other duties as assigned by Management

Employee Responsibilities: (are to include but not limited to the following:)

- Demonstrates good judgment

- Maintains the strictest confidentiality of all information received at FBS
- Plans and utilizes time wisely
- Reports to work on time each day, after lunch break, and not leaving early
- Always provides proper notification and advance notice of absence, attendance and reliability are a must
- Conducts one's self in a professional manner
- Ability to work closely in a team to keep things moving smoothly
- Behavior should be positive towards supervisor(s), co-workers, patients, and clients at all times and reflect a favorable outlook on FBS.
- Attend regular staff meetings
- Attend continuing education classes
- Commercial appearances from time to time

Physical Demands:

Work may require sitting for long periods of time, and also stooping, bending and stretching for files and supplies. Employee will occasionally be asked to lift files or paper weighting up to 30 pounds. Position requires manual dexterity sufficient to operate a keyboard, computer, telephone, copier, fax, and other office equipment as necessary. Employee must have normal range of hearing and eyesight to record, prepare, and communicate appropriately. Position also requires viewing computer screens and typing for long periods of time, and working in an environment which can be very stressful.

Working Conditions:

Professional office environment. Possible evening or weekend work.