

Fairbanks Billing Services, LLC.

Job Description

Job Title:	Report Analysts Clerk
Occupational Code:	43-3021
Employee Status:	Regular Full Time
Employment Status:	At Will
Date Reviewed:	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. This position's main duties are to work the error reports for all Clients as they are received each week. Error reports come back 24 hours after Claims are electronically submitted. It is this position's responsibility to correct problem claims each week and resubmit for payment. This also includes logging calls to Support, filling out needed EDI agreements so that the Clearing House can accept electronic claims and/or Provider Enrollments that maybe needed. This position also calls on Aged Accounts Receivable. This position is not in rotation to take phone calls but provides back up to Billers when phones are busy. This position works closely with all staff within FBS.

Education Requirement:

- High School Diploma
- College education or trade school preferred

Qualifications and Experience:

- Strong communication skills with staff, management, and physicians
- Computer literate, with keyboard skills
- Proven 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
- Good analytical and problem-solving skills
- Ability to prioritize work flow in a fast paced environment
- Proven knowledge of HIPAA guidelines

Job Responsibilities:

- Deals with diverse group of external callers and visitors as well as internal contacts at all levels of the organization
- Maintains knowledge of insurance follow up protocols
- Uses the Aged Outstanding Claims report to follow up with all third party insurance carriers on unpaid claims aged 151 days and older

- Utilizes Aged Accounts Receivable report to identify accounts aged 151 days and older that may have been missed on the Aged Outstanding Claims report to ensure they are in processing for payment as well
- Handles overbills and re-keys when necessary as authorized by Client and/or Billing Coordinator with prior approval
- 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
- Logs calls to Support as needed to help correct Error Report issues that have or may have arisen
- Watching for repeated Errors during claim submission, so that pattern can be found and solutions can be implemented to eliminate potential problems
- Maintain contacts in regards to reoccurring insurance billing problems to find solutions not only with Misys but with Billing Coordinator
- Stays on top of software billing issues that may arise through review of Error Report problems, notifying Office Manager if issues do arise
- Able to follow over the phone instructions relating to computer and/or software solutions to problems
- Report changes in software edits as related to billing problems and/or procedures with Billing Coordinator and Office Manager
- Exchange idea's and keeps open line of communication with Billing Coordinator and Office Manager
- Fills out to best of knowledge applications (EDI & Provider) that are needed, submits to providers to fill out their portions and required signatures
- Reviews all applications before they are sent into the Carriers and ensures that all attachments are included along with all required signatures
- Stay on top of EDI agreements and New Doctor applications after they are submitted for Processing to ensure that they are being processed and/or gathering/requesting the additional information that is needed
- When Provider applications are accepted filing all claims on hold and then spot checking claims to make sure they are on file
- Logging all activities in the Billing Client Contact Log spreadsheets

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
- Behavior should be positive towards co-workers, patients, and clients at all times and reflect a favorable outlook on FBS.
- Attend regular staff meetings
- Attend continuing education classes
- Commercial appearance 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:

Normal office environment. Occasional evening or weekend work.