## CENTRAL MONTANA MEDICAL CENTER POSITION DESCRIPTION

| Position Title   | BILLING I   | Grade                 |                 |  |  |
|--|---|-----------------------|-----------------|--|--|
|  |   | <u> </u>              |                 |  |  |
| Department   | Fiscal Services   | Exempt                |                 |  |  |
| Immediate Superviso  | PATIENT FINANCIAL SERVICES MANAGER  | Non-exempt            | Х               |  |  |
| Supervisor next in line  | CFO   | Workweek              | 40              |  |  |
| POSITION SUMMARY   |   |                       |                 |  |  |
| electronically or by mail when necessary to all payers listed. Posts third party payments on patient accounts. Does follow up on unpaid claims through phone contact or written correspondence. Works with insurance companies and the patient to ensure that claims are filed and paid correctly by all payers. Works closely with Credit and Collection Clerk to ensure payment is received on patient accounts.  Continued employment and raises in this position are dependent upon Central Montana Medical Center's fiscal viability and:  Actions and communications that contribute to a team concept and create a positive environment for all customers  Acceptable performance of essential and all job duties  Acceptable attendance record |   |                       |                 |  |  |
| <ul> <li>Accountability for safety to self, patients, visitors and all customers, and care of equipment and building</li> <li>Adherence to departmental and facility policies and procedures, education requirements, compliance monitoring and reporting, and CMMC Code of</li> </ul>   |   |                       |                 |  |  |
| <ul> <li>Conduct</li> <li>Accountability for the consequences of own actions</li> </ul>  |   |                       |                 |  |  |
| Physical and emotional ability to perform essential functions  |   |                       |                 |  |  |
| Acceptable background investigation results if required for position   |   |                       |                 |  |  |
| Minimum Education, Experience, Licensure, Certification required:  |   |                       |                 |  |  |
|  | insurance data; contacts patient, or em   | <u> </u>              | cessary billing |  |  |
| <ul> <li>Submit claims electronically or manually with all required correspondence to ensure payment.</li> <li>Maintain accuracy in processing claims by auditing, editing and reviewing claims before submission to eliminate rejections, resubmission and follow-up problems.</li> </ul>   |   |                       |                 |  |  |
| 4 Does claim follow-up review according to aging reports by payer.   |   |                       |                 |  |  |
| 5 Audits credit balances and makes appropriate adjustments.  |   |                       |                 |  |  |
| 6 Documents all conversations with patients, third party payers, etc in the note file.   |   |                       |                 |  |  |
| 7 Handles phone inquiries on billing issues, transferring problem calls to appropriate parties.  |   |                       |                 |  |  |
| policy, makes a  | policy, makes appropriate payment arrangements with all self pay and balance after insurance. |                       |                 |  |  |
| 9 Displays courted   | ous and helpful approach when dealing   | with patients, visito | or's staff.     |  |  |
| 10 Communicates  | Communicates with and keeps supervisor informed regarding billing issues, complaints from     |                       |                 |  |  |

Knowledge, Skills, Abilities:

patients, departments, physicians etc.Promptly assists with Admitting/PBX as necessary.

Completes other duties as assigned.

13 Maintain confidentiality regarding all patient information.

12 Utilizes procedures for Code Blue, Miss Red, Code Pink, Disaster Plan D or Bomb Threat.

## CENTRAL MONTANA MEDICAL CENTER POSITION DESCRIPTION

| Position Title  | BILLING I                    | Grade  |                           |  |  |
|---|------------------------------|--|---------------------------|--|--|
| Knowledge of:   |                              |  |                           |  |  |
| Insurance billing and   | 3 <sup>rd</sup> party payers |  |                           |  |  |
| Electronic claims pro-  | cessing                      |  |                           |  |  |
| Proper phone etiquet  | te                           |  |                           |  |  |
| Ability to:   |                              |  |                           |  |  |
| Keep information con  |                              |  |                           |  |  |
| Perform assigned/rou  |                              | dently   |                           |  |  |
| Communicate effective   | vely                         |  |                           |  |  |
| Skills:   |                              |  |                           |  |  |
| Computer  |                              |  |                           |  |  |
| Office Equipment  |                              |  |                           |  |  |
| OCCUPATIONAL EXPOSURE for this position:  |                              |  |                           |  |  |
|   | Category I                   | Direct contact with blood or other bodily fluid to which     |                           |  |  |
|   |                              | universal precautions apply                                  |                           |  |  |
|   | Category II                  | Activity performed without blood/bo                          | dily fluids exposure, but |  |  |
|   |                              | exposure may occur in emergency                              |                           |  |  |
| Х   | Category III                 | Task/activity does not ordinarily en                         | tail predictable exposure |  |  |
|   |                              | to blood/bodily fluids                                       |                           |  |  |
| OTHER EXPOSURE for this position:   |                              |  |                           |  |  |
|   | Radiation                    |  |                           |  |  |
|   | Noise                        |  |                           |  |  |
|   | Other (Specify)              |  |                           |  |  |
| PHYSICAL DEMAND   |                              |  |                           |  |  |
| (Essential functions s  |                              | sition - see Job Analysis)                                   |                           |  |  |
| Х   | Sedentary                    | Exert up to 10# occasionally or negligible force frequently  |                           |  |  |
|   | Light                        | Exert up to 20# occasionally, < 10# frequently or negligible |                           |  |  |
|   |                              | force constantly   |                           |  |  |
|   | Medium                       | Exert up to 50# occasionally, up to 25# or up to 10#         |                           |  |  |
|   |                              | constantly   |                           |  |  |
|   | Heavy                        | Exert up to 100# occasionally, up to 50# frequently or up to |                           |  |  |
|   | ., .,                        | 20# constantly   |                           |  |  |
|   | Very Heavy                   | Exert > 100# occasionally, > 50# frequently or               |                           |  |  |
|   |                              | > 20# constantly   |                           |  |  |
|   |                              | S POSITION/JOB DESCRIPTION, AN                               |                           |  |  |
| PROVIDED THE OPPORTUNITY TO ASK QUESTIONS AND RECEIVE APPROPRIATE ANSWERS. I                                  |                              |  |                           |  |  |
| ALSO UNDERSTAND THAT REASSESSMENT OF ABILITIES TO MEET POSITION REQUIREMENTS MAY BE PERIODICALLY REEVALUATED. |                              |  |                           |  |  |
| WAT BE PERIODICA  | ALLI KEEVALUAT               | EU.  |                           |  |  |
|   |                              |  |                           |  |  |
|   |                              |  |                           |  |  |
|   |                              |  |                           |  |  |
| Employee's Signature  |                              | Supervisor's Signature                                       | Date                      |  |  |
|   |                              |  |                           |  |  |