Elbowoods Memorial Health Center
1058 College Drive
New Town, ND 58763-4400
(701) 627-4750
Fax Number: (701) 627-2809

EXEMPT ____
NON-EXEMPT __X_

POSITION DESCRIPTION

POSITION:	**Billing Specialist I**
RESPONSIBLE TO:	Business Office Manager
SALARY:	$DOQ/DOE
CLASSIFCATION:	Non-Management, Regular, Full-time
LOCATION:	Elbowoods Memorial Health Center 1251 Elbowoods Loop New Town, ND 58763-0400

POSITION SUMMARY: (position includes but is not limited to the following):

1) Position services primarily as staff of the Business Office at the Elbowoods Memorial Health Center.
    a. **Job Summary (position includes, but is not limited to the following):**
        i. Work as an integral part of the Business Office team
        ii. Maintain knowledge of insurance claim payment processes.
        iii. Maintain general knowledge of plan coverage and benefits.
        iv. Maintains database by entering new and updated patient and account information.
        v. Performs patient registration updates, data entry of demographics, and any other required information as described by policy; verifies and activates appropriate patient insurance plan.
        vi. Ensures accurate posting of encounter data and posts to appropriate funding/insurance plans.
        vii. Helps with managing patient account balances appropriately to include insurance balances, old balances, and same day service balances
        viii. Completes as needed end of day and month end reconciliation report ensuring that all encounters are posted and closed. Helps ensures that cash collected reconciles with system cash report; ensures that cash is secured and deposited into safe at end of day.
        ix. Provides excellent internal/external customer service via telephone, fax or face-to-face contact to assist patients with their health care needs.

x. Performs other related duties as assigned.
xi. Performs accurate and efficient entry of data into the information system from various source documents. Maintains necessary controls to insure data is complete prior to entry and that output is accurate and timely.
xii. Answers patient/insurance inquiries and handles all correspondence and questionnaires from patients/insurance.
    1. Payer Questionnaire letters to include (Medicare Secondary Payer, Accident Questionnaires and Medicare Questionnaires)
xiii. Performs billing that optimizes cash returns and minimizes denied charges, follows guidelines in a sensitive, yet assertive manner when assisting patients.
xiv. Demonstrates sound working knowledge of government regulations and other insurers' requirements in production of both paper and computer transmitted claims to all payers.
xv. Identifies claims which cannot be transmitted and requests paper claims from the system and edits, corrects and batches forms for mailing and/or electronic transmissions.
xvi. Obtains and keys information which is a prerequisite to claim filing, makes any needed edit changes to the primary payer designation and completes these procedures prior to the release of any applicable holds, and reviews appropriate accounts to be placed on hold.
xvii. Works daily work queue of accounts on hold and completes combined accounts, provider based and inpatient hospital claims.
xviii. Works daily work queue of accounts on hold and completes combined accounts, provider based and inpatient hospital claims.
xix. Responds appropriately to necessary changes by staying up-to-date on payer requirements and system capabilities through insurance bulletins by working and editing accounts.
xx. Assists Management and Analysis' in defining new requirements, suggesting solutions and testing additional systems or enhancements.
xxi. Identifies delays, inefficiencies and errors which delay the claims process and solves them independently if possible or reports to Management.
xxii. Ability to cross-train to other departments within the Business Office Department.
xxiii. Perform other duties as assigned.

2) Represents EMHC in a highly professional manner.
3) Establishes positive communication with all departments of EMHC to assure stable operations.
4) Demonstrates respect and understanding of confidentiality for patients, staff and others according to policy and HIPAA regulation.
5) Maintain required documentation and reporting as assigned.

6) Participates in EMHC staff meetings, assigned committees, community events, and other meetings as instructed or deemed necessary.
7) Actively strives to educate the community on the mission, vision, and values of EMHC in a positive approach to assist in the growth of the organization and assist our community in its healthcare needs.
8) Adheres to the Mission, Vision, and Values of the Elbowoods Memorial Health Centers.

QUALIFICATIONS, EXPERIENCE, EDUCATION

- High School diploma, **REQUIRED.** *Must submit copy of diploma or transcripts with application.*
- Associate's or Bachelor's of Business Administration or related field. **PREFERRED.** *Must submit copy of transcripts with application.*
- Computer knowledge and proficiency, **REQUIRED.**
    - Knowledge of Microsoft Office (Word, Excel and Outlook).
- Prior customer service and data entry/clerical experience.
- Previous billing or invoicing experience.
- Knowledge and experience with CPT/HCPC/ICD-9/ICD-10 Coding. **PREFERRED.**
- Knowledge of medical terminology. **PREFERRED.**
- Previous experience with filing insurance claims. **PREFERRED.**
- Attention to detail and accuracy is a must
- Strong written and oral communication skills
- Critical and analytical thinking skills
- Excellent organizational skills (updated and organize files, clean desk and on top of routine functions)
- Ability to learn and utilize different software platforms
- Strong time management skills
- Self-motivated and proactive, ability to multi-task, and can work independently with little to no supervision
- Conducts themselves in a professional manner at all times
- Must be responsible, dependable, and able to maintain confidentiality of information.
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- Must submit and clear Criminal Records Background Check.
- Must submit to an Alcohol/Drug Screen and random testing as per policy.
- Indian Preference will apply. *Must submit documentation with application to qualify for Indian Preference.*

- Veterans Preference will apply. *Must submit documentation with application to qualify for Indian Preference.*

PHYSICAL DEMANDS/WORK CONDITIONS

The work requires regular and recurrent standing to perform tasks, walking between the different sections of the facility, and reaching and bending to obtain supplies and operate systems.

WORKING CONDITIONS:

- Work is performed in an office environment with varying conditions of noise level, temperature, and illumination.
- Requires prolonged sitting.
- Occasionally lifts up to 40 pounds of material.
- Requires eye-hand coordination and manual dexterity sufficient to operate keyboard, computer and other office equipment.
- Work situations may be stressful and require irregular hours.
- Travel required.
- Potential exposure to blood and other hazardous material, communicable diseases, and other conditions common in a health care environment.

ACKNOWLEDGEMENT

This job description is intended to provide an overview of the requirements of the position. It is not necessarily inclusive, and the job may require other essential and/or non-essential functions, tasks, duties, or responsibilities not listed herein. Management reserves the sole right to add, modify, or exclude any essential or non-essential requirement at any time with or without notice. Nothing in this job description, or by the completing of any requirement of the job by the employee, is intended to create a contract of employment of any type.

IT IS RESPONSIBILITY OF THE APPLICANT TO PROVIDE SUFFICIENT INFORAMTION TO PROVE QUALIFICATIONS FOR THREE AFFILIATED TRIBES HEALTH CARE CENTER POSITIONS.