

SENIOR BILLING SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for prioritizing, assigning and overseeing the specialized billing and clerical duties at Willow Point Rehabilitation and Nursing Center involving processing Medicare, Medicaid and third party health insurance claims. The incumbent oversees and participates in the performance of account keeping, billing and reimbursement tasks that require the interpretation and application of various federal, state, county and institutional regulations. Work involves coding reimbursement billings and the accurate reporting of financial information. Work is performed under the general supervision of the Fiscal Manager with leeway allowed for the use of independent judgment. Supervision is exercised over the Billing Specialists. Does related duties as required.

TYPICAL WORK ACTIVITIES:

Prioritizes, assigns and reviews the billing of Medicaid, Medicare and third party insurance claims;

Oversees the billing process of Medicaid, Medicare and third party insurance including preparing, editing, reviewing and submitting claims;

Responsible for auditing and reconciling claim submissions to account receivable reports according to established procedure;

Meets with all residents with 72 hours to interview the resident/responsible party to ensure that there is a cooperation regarding payment and Medicaid applications (where applicable);

Performs collection follow-up for private pay residents (including NAMI's), also includes all methods of collection (credit card, direct debit, etc.);

Oversees and participates in the review and interpretation of information received from various departments, disciplines, and outside vendors and applies appropriate billing methods in interpreting data and entering into computer;

Oversees and participates in the review of claims for adjudicated Medicare and/or Medicaid payments to determine availability of third party insurance;

Oversees and interprets medical payment remittance advice and assures appropriate application to resident billing account, reconciling accounts where appropriate;

Interprets medical insurance coverage and applies interpretation to facility specific medical billing software to create reimbursement models for specific residents;

Reviews billing claims ensuring completeness and accuracy;

Oversees the interpretation of medical coverage with various governmental and commercial insurers and providers;
Provides informational support and training to the Billing Specialists as needed;
Attends various meetings including multidisciplinary Medicare meetings and departmental meetings;
Collects a one-month security deposit for private pay admission;
Prepares a variety of reports and records related to billing activities;
Operates a calculator, personal computer and other related office equipment.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of the New York State and Federal regulations, including coverage and entitlement criteria, billing rules, beneficiary rights and provider responsibilities;
Thorough knowledge of Medicare, Medicaid and third party health insurance coverage, requirements and procedures;
Thorough knowledge of medical billing requirements and procedures;
Good knowledge of nursing home billing and reimbursement methods;
Good knowledge of office terminology, procedures and equipment;
Ability to prioritize, assign and supervise the work of billing staff;
Ability to manage, analyze and reconcile billing and payment detail;
Ability to make more difficult arithmetic computations involving fractions, decimals and percentages accurately;
Ability to understand and carry out moderately complex oral and written directions;
Ability to perform close, detail work involving considerable visual effort and strain;
Ability to develop effective working relationships and deal diplomatically with the others;
Ability to interpret insurance documents including insurance cards and policies;
Ability to organize and maintain accurate records and files;
Ability to analyze and organize data and prepare record reports and spread sheets;
Ability to operate a personal computer and utilize common office software programs including word processing, spreadsheets and databases;

Ability to maintain the confidentiality of medical records;
Attention to detail;
Problem solving skills;
Ability to deal compassionately with individuals;
Clerical aptitude;
Accuracy;
Tact;
Courtesy;
Good judgment.

MINIMUM QUALIFICATIONS:

- A) Possession of an Associate's Degree in accounting, business, or a closely related field and one year of experience processing Medicaid claims, Medicare claims or medical insurance claims; OR
- B) Graduation from high school or possession of a New York State equivalency diploma and three years' experience processing Medicaid claims, Medicare claims or medical insurance claims; OR
- C) An equivalent combination of training and experience as indicated in A) and B) above.

NOTE: Specialized experience is required. Education beyond the degree requirements cannot be substituted for experience.

NOTE: Your degree must have been awarded by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of education. If your degree was awarded by an educational institution outside of the United States and its territories, you must provide independent verification of equivalency.

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COMPETITIVE