

BENTON COUNTY POSITION DESCRIPTION

CLASSIFICATION	BAND	GRADE	SUBGRADE	FLSA STATUS
Business Specialist	B	2	2	Non-Exempt
POSITION TITLE:	Business Service Representative - Credentialing		POSITION#:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	Date:	07/24/2020	
SERVICE TYPE:		AFSCME		
Employee Name:		Department:	Health Administration	Supervisor: Patient Accounting Manager
FTE:	1.0	Employment Status:	Regular Full Time	

Position Summary:

Ensure all billable services rendered are processed timely, billed and adjudicated in compliance with Federal, State and Insurance specific billing guidelines. Ensure timely submission of insurance payer application forms, rosters and completion of staff credentialing according to HRSA guidelines. May provide specialization and focus in one or more areas of Health Services, as assigned. Percentage of time will vary depending on area of assignment.

Essential Duties:

No.	Major Functional Area (MFA)	% of Time
1	MFA: Patient Account Maintenance Essential Duties: <ul style="list-style-type: none"> Review, research, correct and process or re-process patient accounts through work queues; monitor demographics, insurance information (establish eligibility and verify claim status), account balances and billing appropriateness for accuracy. Review and submit necessary corrections of CPT or ICD-10 coding to providers or coder for corrections. Reconcile/correct urinalysis, lab and state immunization billings. Research and submit request to merge duplicate accounts. Report EPIC system errors to OCHIN directly or through our Systems Operations Specialists team. Maintain/Update tracking system for pre-authorization of MH/AOD services. 	40%
2	MFA: Claims Processing, Billing Essential Duties: <ul style="list-style-type: none"> Review, print and submit paper claims , CMS-1500 claims and all related documents following FQHC billing guidelines. Accept and transmit electronic claims. Process monthly business carrier invoices/statements, workman’s compensation and motor vehicle claims with confidential medical records for insurance review. Review and submit claims adjustments and secondary claims. Complete data entry and provide liaison services for CCARE, Children’s Farm Home, flu clinics, prevention, education and other ancillary services for MH. Complete Medicare credit balances report. Perform the scanning process for EOB’s. 	20%
3	MFA: Credentialing Essential Duties: <ul style="list-style-type: none"> Collect all documentation required for staff credentialing and payor enrollment, submit to required agencies. Track information for on-going re-credentialing requirements; submit updates as required. 	20%

4	MFA: Payments, Adjustments and Denials Essential Duties: <ul style="list-style-type: none"> • Collect, review and post payments including insurance explanation of benefits detail and denials to patient accounts. • Calculate and post the appropriate discounts, write offs and adjustments compliant with policy, insurance contracts and Medicare/Medicaid guidelines. • Prepare daily deposit reports. • Review and correct credit balances, prepare refunds. 	10%
5	MFA: Customer Service Essential Duties: <ul style="list-style-type: none"> • Assist clients with insurance specific questions in person or from the designated billing phone line. • Serve as in-house subject matter expert for processes related to self-pay or insurance billings, provide staff training as needed. • Ensure security access and training to appropriate staff for all Web sites that provide insurance verification, authorization, claims status and correction and EOB details. • Provide translation and interpretation services. • Explain, interpret, make recommendations on financial policy rules and procedures; on program work flows, and on HIPPA and patient privacy issues. • Promote CHC services and programs to the community. 	5%
6	MFA: Self Pay and Collections Essential Duties: <ul style="list-style-type: none"> • Validate/correct FPL and Sliding Fee Scale Discount status • Establish payment plans and follow up, update and take appropriate action to ensure compliance with collections processes. • Review to approve or deny the awarding and utilization of Sponsored Care Funds. • Make client reminder and collection calls, prepare and send past due and collection notices per financial process. • Make determinations on account status, flag for bad debt or collections, review, prepare and submit monthly collection file to collection agency. • Liaison with collection agency on agency accounts, restore account status to good standing when debt obligations are satisfied. • Work directly with clients having accounts in “bad debt” or “collections” status prior to service, to ensure compliance with financial policies and processes. • Process NSF checks and returned mail, take appropriate action on client accounts. 	5%
	And other duties as assigned. <ul style="list-style-type: none"> • Back up to check out job duties as needed, including insurance verification, eligibility, sliding fee scale discounts and payment receipting. 	
Percentages should total 100%		100%

Special Requirements:

Position requires 2 years experience in health care billing and collections related activities. Intermediate to advanced skill level in Microsoft Word, Excel and Outlook desired. Direct experience with the OCHIN practice Management system and Electronic Health Record preferred.

Physical Requirements:

Physical Demands:

While performing the duties of this job, the employee is frequently required to use hands to finger, handle or feel; talk; or hear. The employee is occasionally required to stand; walk; sit; reach with hands and arms; and stoop; kneel; or crouch. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, depth perception and ability to adjust focus.

Work Environment:

The employee works in well-lighted, clean environments. The noise level in the work environment is quiet to moderate. **Check the following that applies to this position:** The employee may occasionally: work with angry or hostile clients or members of the public, work with toxic substances and biohazards, and exposure to infectious illnesses.

Emergency Preparedness:

Benton County is committed to emergency preparedness planning and implementation, and disaster recovery. In the case of a Health Department, County, State, Federal or other emergency or disaster, this position may be called upon to assist in responding. This may require the assignment of additional responsibilities, depending on the circumstances. These responsibilities could include unscheduled temporary changes in work schedule and/or work duties, including evenings and weekends, work relocation, overtime, working with other community agencies such as the local Fire Department, hospitals, the Red Cross and other emergency responders. The ability to be flexible is critical in our overall response to the emergency or disaster. Under Emergency situations this position may be called in to work, supporting Administration in regular duties or other work as assigned. Per County personnel policy, this position may be included in the agency's essential personnel for emergency/disaster response.

Quality Improvement Participation:

Employees are expected to participate in improving BHS' performance, processes, and programs through quality improvement activities, use of the PDSA model and participating on QI teams as assigned.

NOTE: The above job description is intended to represent only the key areas of responsibilities; specific position assignments will vary depending on the business needs of the department.