



Job Title

Medical Biller

Department	Reports To	FLSA Status	Prepared By	Approved By	Last Modified
Billing	Billing Manager	Non-Exempt	Human Resource	COO	2019-06-04

Job Summary

Responsible for maintaining the professional reimbursement program. Ensure compliance with current payments and rules that impact billing and collection. Follow-up of any outstanding A/R all-payers, self-pay, and or the resolution of denials and manage correspondence.

General Accountabilities

- Performs billing and computer functions, including patient & third party billing, data entry and posting encounters.
- Prepares and submits clean claims to various insurance companies either electronically or by paper.
- Handle the follow-up of outstanding A/R all –payers, including self-pay and/or the resolution of denials.
- Answers questions from patients, Universal Community Health Center staff and insurance companies regarding any issue pertaining to the billing department.
- Identifies and resolves patient billing complaints.
- Prepares reviews and send patient statements.
- Handle all correspondence related to insurance or patient account, contacting insurance carriers, patients and other facilities as needed to get the maximum payments on accounts and identify issues or changes to achieve client profitability.
- Process and post all patient and/or insurance payments.
- Performs other necessary duties as required by Universal Community Health Center to achieve the goal of providing primary health care.
- **Other duties as assigned by Supervisor or Executive team.**

Job Qualifications

- Must understand and have at least three years' experience in Medi-Cal, Medicare, Health Plan, Commercial Insurance and Self Pay Billing.
- Understand FQHC billing practices.
- Understand Sliding Fee determination guidelines.
- Able to analyze the billing data.
- Familiar with Health plans in LA County.
- Ability to read and interpret the health plan contracts.
- Proficient in Microsoft Office and Google Drive.
- Intermediate skills in Excel including ability to prepare pivot tables, filter and v-lookup tables
- Ability to communicate verbally and in writing clearly and effectively with all staff including executive staff and external stakeholders.
- Prior work experience as a coder and biller.
- Knowledge of third party billing requirements, ICD-10 and CPT codes
- Needs good interpersonal skills and ability to work as a member of the team to serve the patients.
- Accurate & detail oriented
- Ability to work independently



Education/Experience

- High School diploma or GED with experience in FQHC Medical Billing
- High level of Integrity, know HIPAA and HITECH regulations and rules.
- Ability to work independently and meet all reporting deadlines.
- Bilingual English and Spanish (preferred).

Skills

- Excellent verbal and written communication
- Problem solving
- Coordinate
- Delegate
- Business acumen
- Prioritize
- Adaptability
- Ability to use computer and multi-lined telephones
- Understanding of billing practices
- Oral and written proficiency in English

Physical Demands and Working Conditions

The physical demands described here are representative of those that must be met by a service member to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the member will be required to drive to community outreach sites, and will be required to drive to UCHC facilities as needed. The employee must occasionally lift and/or move up to 25 pounds.

I, _____ have read and reviewed the Universal Community Health Center **Medical Biller** Job Description. I agree to perform the noted General Accountabilities listed above.

Acknowledged by: _____
(Print Name)

(Signature)

Witnessed by: _____
(Print Name)

(Signature)