Job Description

Job Title: Medical Biller
Report to: Business Office Manager
Job Classification: Full time
Salary: Based on experience & qualifications.
Contact: CHAP - Human Resources Department
Arpi Kurdoghlian, (626) 398-6300, Ext. 1225
akurdoghlian@chapcare.org

I. SUMMARY
Community Health Alliance of Pasadena (CHAP) a non-profit medical group is searching for Medical Biller. Under direct supervision of the Business Office Manager, Medical Biller is responsible for accurate Billing of all outpatient services, procedures, diagnoses and conditions, working from the appropriate documentation in the Electronic Medical Record, Super Bill and/or Encounter Form. Responsible for reviewing that process claims correspond to appropriate classification systems including ICD-9-CM, CPT, Healthcare Common Procedure Coding System (HCPCS) as well as other specialty systems as required by diagnostic category. All work is carried out in accordance with the rules, regulations and coding conventions of the ICD9, Centers for Medicare and Medicaid (Medi-Cal) Services (CMS), Office of Statewide Health Planning and Development (OSHPD), Governmental Contractual requirements, Third Party Insurance and CHAP coding guidelines. Biller will be responsible for payment posting, assigned collections, and face to face customer services. Manage assigned Work Edit Que’s as well as run hard copy paper claim as necessary.

II. DUTIES AND RESPONSIBILITIES
A. Job Duties
1. Review patient chart documentation to assure correct coding and accurate billing. Process/Enter accurate data into EPICARE Prelude Professional Billing in a timely manner.
2. Submit claims, Edits errors, and trouble shoots paper and/or electronically per carrier requirements in a timely manner. Clears errors per carrier receipt and re-submit. Trouble shoot correct and re-submit any claims returned by mail/electronically.
3. Assist patients by answering questions regarding individual statements.
4. On a daily basis, research claims unpaid status. Trouble-shoot and corrects to reduce AR balances.
5. On a daily basis work the various Work Que’s (Charge Review, Claim Edit, Follow Up)
6. Post payments to system associated with patients and insurance carrier’s remittance.
7. Prepares and Process refund to patients and insurance carriers.
8. Serve as a role model and mentor to staff, developing a positive team atmosphere within the department.
9. Meet or exceed customer needs in a caring, effective and efficient manner.
10. Maintain levels of quality that meet or exceed customer expectations through process improvement and a team oriented approach.
11. Other duties or projects as assigned.
B. Professional Communication
1. Maintain confidentiality in matters relating to patient/family.
2. Interact with patients or designated caregiver with a variety of developmental and socio-cultural backgrounds.
3. Provide information to patients and families to reduce anxiety and convey an attitude of acceptance, sensitivity, and caring.
4. Maintain professional relationships and convey relevant information to other members of the health care team within the facility and any applicable referral agencies.
5. Initiate communication with peers about clinical priorities for care.
6. Relay information appropriately over telephone, and other communication devices.
7. Maintains and complies with policies and procedures for confidentiality of all patient records.
8. Demonstrates knowledge of security of systems by not sharing computer logons.
9. Answers the telephone promptly and identifies themselves and the department.

C. Corporate Compliance Accountability
1. Consistently supports the precepts of corporate compliance and Principles of Responsibility by maintaining confidentiality, protecting the assets of the organization, acting with integrity, reporting observed fraud and abuse and complying with applicable state, federal and local laws and program policies and procedures.

D. Teamwork
1. Accept assignments based on patient census, acuity, needs, and the qualifications and competencies of self and of other staff members.
2. Work closely with other staff to ensure that departmental goals and objectives are met.
4. Initiate problem solving and conflict resolution skills to foster effective work relationships with peers.

E. Professional Development
1. Attend staff meeting, in-services, and continuing education.
2. Assist in the development of indicators, thresholds, study models, and data collection as assigned.
3. Respond to problems/opportunities to improve care/customer service.
5. Participate in and maintain competencies required for the position and specific unit/area(s) of assignment.
III. JOB REQUIREMENTS

1. HS Diploma or GED. Completion of classes in medical terminology, anatomy and physiology, ICD-9 and Current Procedural Terminology (CPT) coding conventions, and disease process from an accredited program.

2. Must be able to pass Community Health Alliance of Pasadena coding test at 75 %.

3. At least two (2) year billing experience in private or health care organization preferred; Experience with physician or ambulatory setting coding preferred.


5. Able to use health related Practice Management System.

6. Ability and willingness to demonstrate and maintain competency as required for job title.