

LIVINGSTON COUNTY JOB DESCRIPTION

BILLING SPECIALIST - EMS

Supervised By: – EMS Director or Deputy Director

Supervises: No supervisory responsibility

Department: EMS

FLSA Status: Non-Exempt

Position Summary:

Under the supervision of the - EMS Director or Deputy Director. This position is responsible for performing a wide range of billing duties, including preparation of ambulance claims, interacting with numerous insurance companies, including Medicare, Medicaid, and other insurance agencies or with the general public. Serves as the primary point of contact for the County's EMS clients regarding the financial component of the ambulance transport or for other billing and collection purposes.

Essential Job Functions:

An employee in this position may be called upon to do any or all the following essential functions. These examples do not include all the duties, which the employee may be expected to perform. To perform this job successfully, an individual must be able to perform each essential function satisfactorily.

1. Receives, reviews, and verifies patient care reports and associated documentation from the Paramedics to validate pickup/drop off, run type, mileage, and medical necessity based on information provided and carrier specifications. Checks the patient care report for completeness and proper signatures.
2. Confirms insurance eligibility, deductible amounts, & filing requirements using a variety of 3rd party web sites or Health Information Networks (HIM) prior to the creation of a service invoice.
3. Ensures that work is carried out in compliance with all policy and regulatory requirements. Identifies theft detection and fraud in accordance with proposed Red Flag Rule legislation.
4. Interprets documentation and medical terminology to verify diagnosis coding and adjusts as required. Determines defined payer requirements to facilitate claim acceptance and assigns appropriate charge codes and modifiers. Provides additional required documentation including certification of medical necessity information, schedules, verifying insurance coverage and eligibility, and other items as required for claims processing.
5. Requests, receives, and posts a variety of financial information to accounts and maintains appropriate records regarding billing. Processes receivable payments including cash, credit card payments, ACH deposits, and other form of receivables.

6. Required to be familiar with all relevant laws regarding billing and collections to assist with determining when accounts may go to collections or write-off of charges that pertain to Medicare, Medicaid, and all other public health plans.
7. Reviews rejected Medicare, Medicaid, and various insurance claims to determine if they should be appealed or taken to hearing. Takes appropriate steps filing corrected claims as needed or contacts the payer to verify denials.
8. Generates requests for refund checks for any overpayment, assuring funds are sent to the correct parties and/or agencies.
9. Responsible for tracking non-signature or incomplete Physician Certification Statements (PCS). Generates and mails letters requesting signatures and documents all attempts to get a completed PCS.
10. Transmits claims electronically and verifies confirmation of receipt. Resubmits rejected/corrected claims as needed.
11. Reviews all billed claims for overpayment and makes recommendations to the Accounts billing manager for refunds.
12. Reviews final invoice for additional billing opportunities before sending to collections. Follows state and federal rules for Medicare, Medicaid, auto and work comp eligible invoices.
13. Answers telephone calls, resolves patient inquiries, issues statements, insurance bills, and medical records as required within specific operating guidelines. Responds to complaints, research problems, and initiates resolutions.
14. Responds to questions related to accounts payable and medical necessity under Medicare and other insurance guidelines and assists patients by providing information regarding the process and filing of appeals.
15. Protects the privacy of all patient information in accordance with the department's privacy policies, procedures, and practices, as required by state and federal law and in accordance with general principles of professionalism as a health care provider. May access protected health information and other patient information only to the extent that is necessary to complete the job duties.
16. Performs basic office duties, such as copying, filing, faxing, typing standard documents, and entering data.
17. Attends workshops, and seminars as directed.
18. Takes calls and schedules nonemergency transports in Computer Aided Dispatch software, including screening for medical necessity and need for prior authorization. If in question completes an advanced beneficiary notice to be sent with the crew.
19. Perform all other duties as assigned.

Required Knowledge, Skills, Abilities and Minimum Qualifications:

The requirements listed below are representative of the knowledge, skills, abilities and minimum qualifications necessary to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the job.

Requirements include the following:

- High school diploma or GED and three years of progressively more responsible experience in accounts receivables and medical billing.
- The County, at its discretion, may consider an alternative combination of formal education and work experience.
- Completes the training required to obtain Certified Ambulance Coder certification within one year of hire and completes the annual training required to keep the Certified Ambulance Certification.
- Certified Cash Handling Trainer.
- Thorough knowledge of the principles and practices of ambulance and medical billing and bookkeeping.
- Considerable knowledge of performing bookkeeping activities, balancing accounts, maintaining and processing financial information, insurance guidelines for medical necessity, processing medical claims, identifying potential medical billing theft/fraud, handling difficult customers, and maintaining accurate and detailed records.
- Skill in assembling and analyzing data and preparing comprehensive and accurate reports.
- Skill in effectively communicating ideas and concepts orally and in writing.
- Ability to establish effective working relationships and use good judgment, initiative and resourcefulness when dealing with County employees, contractors to the County, representatives of other governmental units, professional contacts, elected officials, and the public.
- Ability to assess situations, solve problems, work effectively under stress, within deadlines, and in emergency situations.
- Skill in the use of office equipment and technology, including Microsoft Suite applications, billing software and other databases.

Physical Demands and Work Environment:

The physical demands and work environment characteristics described here are representative of those an employee encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to communicate in person and by telephone, read regular and small print, view, and produce written and electronic documents, and enter data on a computer keyboard with repetitive keystrokes. The employee must be mobile in an office setting, stand, sit, stoop, and kneel, use hands to finger, handle, or feel and reach with hands and arms. The employee must lift or push/pull objects of up to 15 lbs. without assistance. Accommodation will be

made, as needed, for office employees required to lift or move objects that exceed this weight.

The typical work environment of this job is a business office setting where the noise level is quiet and sometimes moderate.