

**SUSANVILLE INDIAN RANCHERIA
LASSEN INDIAN HEALTH CENTER
795 Joaquin Street
Susanville, CA 96130**

POSITION ANNOUNCEMENT

POSITION: BILLING SPECIALIST
DATE OF ANNOUNCEMENT: April 4, 2016
CLOSING DATE: April 22, 2016
Hours: Full-Time
Salary: DOE

GENERAL STATEMENT OF RESPONSIBILITIES:

The Billing Specialist ensures efficient billing and tracking of all Medicare, Medi-Cal and other insurance claims for Medical, Dental and Family Services, including transportation logs for medical travel reimbursement. This person is responsible for maintaining the Third Party Billing System in the RPMS and Dentrix Systems. This person is also responsible for Pharmacy reconciliation in the FDS Econcile application.

SPECIFIC RESPONSIBILITIES:

1. Maintains Third Party Billing System in RPMS and Dentrix on a daily basis.
2. Receives day sheet reports for dental, AIU's for medical, and super bills for family service from the front office and checks those visits from the reports against the file room lists or appointment schedules on a daily basis to insure all visits are accounted for. Alphabetizing or putting in chronological order all of the super bills, AIU's and day sheets for the building of billing packets.
3. Receives and receipts all payments whether by check from fiscal or EFT, making copies of those checks for the building of the billing packets.
4. Prepares billing packets for accounts receivable for all medical, dental, family service visits, preparing data for entry, and entering data into the appropriate computer programs.
5. Prints paper bills for submission to insurance payers using forms (UB-04, CMS-1500 or ADA 2006), or batches bills for electronic submission using 837I-5010 format, uploading to the appropriate websites. Keeps track of and follows up on all unpaid insurance claims.

6. Bills individuals for services rendered at clinic by issuing billing statements on a monthly basis to individuals and collecting revenue for accounts receivable.
7. Collects on delinquent accounts by tracking charges; making collection attempts, forwarding delinquent account to FCN collection agency for processing.
8. Works with all other departmental staff with regards to the flow patient information, while maintaining patient confidentiality within the confines of HIPAA guidelines.
9. Collects information about revenue through the appropriate computer systems for analyzing and summarization of financial viability.
10. Maintains professional and technical knowledge by attending educational workshops and webinars.
11. Complies with Federal, State and local legal requirements by studying existing and new legislation; obtaining qualified opinions; enforcing adherence to requirements; and advising management on needed action.
12. Maintains all correspondence whether electronic or paper related to billing, responds to inquiries. Retrieves billing information as needed for inquiries and audits.
13. Updates billing policies and procedures, changes to fee for services, and sliding fee scale. Analyzes and recommends changes which are presented to the Health Board for review and approval.
14. Answers communications and requests from insurances companies in a timely manner, as well as contacts insurance companies when claims are not paid in a timely manner, or responds when refunds are necessary.
15. Assists with determination of pros and cons of applying for preferred provider status for different insurances and completes applications as requested by Chief Operating Officer.
16. Provides billing information by professionally and courteously answering questions and stating procedural requirements.
17. Contributes to team effort by participating in the Susanville Indian Rancheria's facility wide program improvements, goals and standards.
18. Other duties as assigned

MINIMUM QUALIFICATIONS:

1. Must be a High School graduate or possess GED equivalent.
2. Must have bookkeeping and/or accounting experience of 2 years or education (A.A. or certificate of completion from Business school in bookkeeping, accounting or medical billing) **OR**, at least 3 years working with Medi-Cal/Medicare program manuals and reimbursement principles.
3. Must have 2 years of experience working in a health care organization.
4. Must have computer experience, preferably with automated billing systems.
5. Must have at least 6 months working experience with RPMS Third-Party Billing, Dentrix, or billing programs of equal relevance.
6. Must possess sufficient organizational skills to handle a variety of duties in a timely manner.
7. Must be able to read, comprehend and interpret regulations, policies and procedures, laws and processes to other staff and patients.
10. Knowledge of filing procedures, and good customer services skills.
12. Must have excellent oral and written communications skills.
13. Must be able to relate to Native Americans.
15. Must be able to comply with all confidentiality, privacy and security policies and procedures in accordance with Indian Health Services.

Preference will be given to Native Americans (42 CFR 36.221)