

COLLECTIONS SPECIALIST

QUALIFICATIONS

Minimum Requirements

Established experience (more than one year) of medical collections, accounts receivable, or third party payors in some combination of the following areas: Medicare, Medicaid, and private payers (including manual and computerized physician billing). Experience preferred in tertiary care, State of Texas Workman's Compensation and Department of Labor regulation and procedure.

Required Knowledge, Skills, and Abilities:

- Comprehensive, working knowledge of billing processes and medical codes;
- Excellent PC skills with working knowledge and experience with computerized billing systems and electronic claims submissions;
- Ability to identify reimbursement issues;
- Ability to troubleshoot denied claims from all of the organization's payers;
- Knowledge of medical terminology and medical procedures as related to physician and clinical support billing codes;
- Experience with medical necessity criteria
- Ability to conform to departmental performance standards;
- Ability to self regulate work, including setting timelines and reminders relative to accounts;
- Ability to establish and maintain effective working relationships with superiors, co-workers, and subordinates, patients, and the public;
- Ability to communicate well in both oral and written form;
- Ability to maintain confidential information;
- Basic knowledge of clinical – medical documentation requirements
- Ability to communicate effectively with a variety of individuals, including peers, managers, patients, and the public;
- Ability to work as a team player.

DUTIES AND RESPONSIBILITIES

General Statement

Under the direction of the Collections Supervisor, performs professional tasks relative to rebilling, account resolution, and denials management. Responsibilities include charge entry, account management and insurance appeals. Assists with other organizational staff to collect all available reimbursement for services performed. Performs related work as required.

Statement of Duties:

- Reviews encounter forms;
- Analyzes account detail (charges, payments, and adjustments) and answers detailed questions from third parties regarding claims or account status, as directed;
- Assists the Collections Supervisor to identify and provide solutions for denials to obtain proper reimbursement of services;
- Collaborates with employees across the organization with assistance or education regarding medical necessity, authorization, or documentation requirements;
- Prepares letters of rebuttal or clarification of medical necessity;
- Works collaboratively with billing staff to troubleshoot denials;

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- Establishes and maintains files, as needed, if directed;
- Maintains patient confidentiality;
- Calculates, manages, and stays apprised of account balances, and takes necessary steps to resolve them;
- Accurately sets reminders for follow-up on accounts;
- Tracks accounts in a timely and accurate fashion within the organization's designated software system;
- Meets performance benchmarks set by the organization;
- Ability to critically identify medical necessity criteria as it relates to authorization processes;
- Assists to ensure the security of medical records;
- Establishes and maintains effective working relationships;
- Maintains consistent and required communication with the organization's clinical sites;
- Adheres to the policies and procedures of the organization;
- Other duties as assigned

The position description above is intended to be sufficient to identify the position and be illustrative of the many duties that may be assigned. It should not be interpreted to be exclusive, or describe all the duties the holder of this position may be required to perform.

Linda Riley
CEO Approval

02-25-08
Date

Linda Riley
CEO Approval

05-16-11
Date Revised