Klamath Tribal Health & Family Services

3949 South 6th Street
Klamath Falls, OR 97603

Phone: (541) 882-1487 or 1-800-552-6290
H.R. Fax: (541) 851-3985

OPEN: 04/12/2024
CLOSE: 04/26/2024

EXEMPT ___
NON-EXEMPT _X_

POSITION DESCRIPTION

POSITION: **LEAD BILLING SPECIALIST**

RESPONSIBLE TO: Business Office Manager

SALARY: Step Range: 15 ($41,686) – 34 ($73,098); Full Benefits

CLASSIFICATION: Non-Management, Regular, Full-Time

LOCATION: Klamath Tribal Health & Family Services
3949 S. 6th Street, Klamath Falls, Oregon

BACKGROUND: Comprehensive

POSITION OBJECTIVE

The Lead Billing Specialist will be responsible for assisting in all aspects of the coding and billing cycle for Klamath Tribal Health & Family Services (KTH&FS). This will include, but not limited to, daily review of encounters, analyzing chart notes and assuring the appropriate service codes are utilized, data entry of encounter forms, posting charges into the computer system, perform claims review, claims submission, timely billing, follow-up and collection of all accounts, payment posting, claims audit and research. The incumbent shall also function as a resource for clinic providers and staff and will assist with coding and billing questions, and quality assurance activities.

In conjunction with the Business Office Manager, the Lead Billing Specialist will assume a leadership role within the Business Office and provide indirect oversight of other Billing Specialists to improve efficiency, productivity, ensure completion of duties, an reduce errors. The incumbent will provide training and support to other Billing Specialist, nurture effective relationships and implement succession planning for Billing Specialist.

MAJOR DUTIES AND RESPONSIBILITIES

Billing Specialist Duties and Responsibilities

1. Daily review, analyze, and interpret patient ambulatory EHR and/or paper encounter coding and corresponding chart note documentation and determine the appropriate diagnostic and procedural codes are used and are appropriately reflected in the chart note for code assignment as outlined by the CMS guidelines. Assuring that medical/dental necessity billing guidelines are met.

2. Ensure the appropriate services codes are applied in the billing record that corresponds to the documentation referenced in the chart note or on the encounter forms. Ensure that the appropriate ICD_10, CPT, CDT, HCPCS coding conventions have been used for services provided by all health service types within KTH&FS, including but not limited to: medical, dental, behavioral health, and transportation.

3. Work with providers and nursing staff to clarify documentation in the EHR system if needed. Including correlating anatomical and physiological processes of diagnosis to assure the most accurate ICD-10 code(s) are used. Will advise supervisor and clinicians of deficiencies to support charge capture of all billable services.

4. Prepare and submit clean claims (electronic or paper) to primary/secondary insurance carriers including Medicaid, Medicare, (Part A&B), and private insurance companies.

5. Maintain compliance with billing regulations: including Medicaid (DMAP), Medicare (Parts A&B, DME), and private insurance carriers (i.e. HMA, BCBS, ODS, etc.).

6. Payment post insurance checks, or EFTs, which includes; verifying the checks or EFT that have been receipted in the KTHFS Operations Support System, and then accurately posting the payments into the current billing system.

7. Process refunds for any overpayments made to KTHFS. Monitor claims payment and promptly request POs for refunds to insurance companies, or performs electronic claim adjustments per payer requirements, for any overpayments made on claims. The refund will also be processed to reflect the claim refund in the practice management system.

8. Process No-Pay EOBs, applying an adjustment, create billing notes and claim follow-up. This includes the appeal of insurance claims that have been wrongfully paid or denied, contacting insurance companies by phone to obtain information concerning extent of benefits and/or settle unpaid claims and providing any additional information requested by insurance companies for the processing of submitted claims.

9. Communicate regularly with Patient Registration Staff and record patient benefits effective/term date(s) into the practice management system as needed.

10. Create electronic batches to submit to clearinghouse in Nextgen and reconcile to claims spreadsheet including follow up on electronic claims receipt by payer. Correct any claims before archiving the file in the clearinghouse.

11. Work outstanding A/R by reviewing, rebilling, and adjusting accounts to ensure accurate

and thorough billing of claims, by running reports and working on claims. Track and monitor claims processing, ensure timely follow-ups for the payment of bills; Identify, and resolve all outstanding/pending claims.

12. Run specific reports as identified below:
    - To be ran and worked weekly - Pending Charges Report, Unbilled Encounters, Paper Claims printed, Clearinghouse Reports (claims denied, outstanding claims, claims removed, claims rejected)
    - Biweekly reports - Kept Appointments with No Encounters report, Aging Reports, and maintain up to date reports making sure all old billing is addressed.

13. Establish and maintain an effective working relationship with public and private payers; identify potential problems that could cause interruptions to cash flows.

14. Participate in yearly chart audit activities for quality assurance purposes; document results in report format, as needed, to be able to have reviewed by Clinical Director and Compliance Officer.

15. Attend coding seminars, meetings, or other training opportunities to keep abreast of changes in the profession.

Lead Billing Specialist Duties:

16. Assume a lead role in the practice management system regarding maintenance, support, training, and evaluation of needs.

17. Lead and help oversee other Billing Specialists and maintain smooth and efficient workflows by reviewing operational work, prioritizing tasks, and assigning work. Provide training to staff and complete work in a timely manner. Promote teamwork and staff motivation.

18. Respond to third party Release of information requests for itemized billing and services rendered. Coordinate process with Records Department to ensure the appropriate information is provided based on privacy rules and regulations.

19. Manage clearinghouse reports regularly such as; claims denied, Claims outstanding, claims removed, and claims rejected.

20. Oversee and ensure electronic and paper claims are successfully being sent out on a daily basis.

21. Oversee the Business Office outlook inbox regularly and back bill any claims and/or adjust claims where applicable.

22. Perform research and assist with general coding, changes from insurance company's rules and policies and the type of providers that are reimbursable. Develop and implement

solutions on coding related issues of allocated studies.

23. Develop and provide regular reports on billing and coding operations, and performance measures for monthly, annual and other reporting requirements.

24. Assist with provider insurance credentialing, including completing applications, tracking submission of application, effective date of each contract and providers numbers assigned by each agency.

25. Represent the Business Office at other meetings as assigned.

26. Perform other duties as assigned.

SUPERVISORY CONTROLS

Work under the supervision of the Business Office Manager, who provides general instructions. Work is assigned in terms of functional/organizational objectives. The manager assists with unusual situations that do not have clear precedents.

Employee must be able to work with minimal supervision, using initiative and judgement in setting priorities to meet the demands of the workload. Work is performed within the purview of laws, and regulations. The manager will review work regularly for quality and compliance with established policies and procedures and payer guidelines.

KNOWLEDGE, SKILLS, ABILITIES

Possess the basic knowledge of the billing guidelines as they pertain to FQHC/Tribal Health Clinics.

Possess strong leadership skills and have the ability to nurture, train, and lead other Billing Specialists.

Technical knowledge, skill, and understanding of the American Medical Association developed **CPT** coding system in order to acquire, interpret, and resolve problems based on information derived from system monitoring reports to be carried over to the required billing forms.

Technical knowledge, skill, and understanding of the concepts of the International Classification of Diseases, Tenth Revision, Clinical Modification **(ICD-10-CM)** for classification of diseases and/or procedures, **CDT** dental coding system, **HCPCS** coding, Mental health and alcohol and drug coding.

Ability to work with minimal supervision, using initiative and judgment in setting priorities to meet the demands of the workload while adhering to the insurance rules and regulations that relate to coding and billing.

Knowledge of established procedures, required claim forms (both paper and electronic) associated with the various health insurance programs.

In-depth knowledge of **Medicaid** (OARs, Rulebooks) and **Medicare Part A & B** billing regulations.

Knowledge of claims review, account auditing, and quality assurance.

Ability to communicate well (both orally and in writing) and work effectively with other employees, managers, and administrators. This person should be able to express themselves in a clear and concise manner for the purposes of correspondence, reports and instructions, as well as for obtaining and conveying information to ensure a cooperative working relationship with all staff.

Willingness to maintain expertise to keep current with changes in procedure and diagnosis coding and third-party payer reimbursement policies through continuing education.

Skills and ability to operate a computer/word processor in order to accomplish assignments in a proficient manner.

Ability to maintain strict confidentiality of medical records and adhere to the standards for health record-keeping, HIPAA and Privacy Act requirements. Conduct self in accordance with KTH&FS Employee Policy & Procedure Manual.

QUALIFICATIONS, EXPERIENCE, EDUCATION

Minimum Qualifications: ***Failure to comply with minimum position requirements may result in termination of employment.***

- **REQUIRED** to possess a High School Diploma or Equivalent**.** (*Must submit copy of diploma or transcripts with application.)*

- **REQUIRED** to have 2 years working experience as a Certified Professional Coder (CPC), Certified Coding Specialist (CCS), or Registered Medical Coder (RMC) **or** 1 year working experience and an Associate's Degree in Health Information Management.

- **REQUIRED** to have Lead Billing Specialist experience or demonstrated ability.

- **REQUIRED** to have excellent computer and/or word processor experience.

- **REQUIRED** to have knowledge of insurance carriers' payment regulations including various reimbursements schemes, coinsurances, deductibles, and contractual adjustments.

- **REQUIRED** to submit to a background and character investigation, as per Tribal policy. Following hire must immediately report to Human Resource any citation, arrest, conviction for a misdemeanor or felony crime.

- **REQUIRED** to submit to annual TB skin testing and adhere to KTHFS staff immunization policy in accordance with the Centers for Disease Control immunization recommendations for healthcare workers.

- **REQUIRED** to accept the responsibility of a **mandatory reporter** in accordance with the Klamath Tribes Juvenile Ordinance Title 2, Chapter 15.64 and General Resolution #2005 003, all Tribal staff are considered mandatory reporters.

Preferred Qualifications:

- Experience with NextGen or other electronic health record system is preferred.
- Five (5) year's work experience as a Certified Professional Coder at KTH&FS.
- Associates degree in Medical Office Systems or Health Information Management.
- At least (1) year prior experience as a Lead Billing Specialist or 2 year's experience in an employed supervisory role.

Indian Preference:

- Indian Preference will apply as per policy. *Must submit documentation with application to qualify for Indian Preference*.

ACKNOWLEDGEMENT

This job description is intended to provide an overview of the requirements of the position. It is not necessarily inclusive, and the job may require other essential and/or non-essential functions, tasks, duties, or responsibilities not listed herein. Management reserves the sole right to add, modify, or exclude any essential or non-essential requirement at any time with or without notice. Nothing in this job description, or by the completion of any requirement of the job by the employee, is intended to create a contract of employment of any type.

APPLICATION PROCEDURE

Submit a Klamath Tribal Health & Family Services ***Application for Employment*** with all requirements and supporting documentation to:

Klamath Tribal Health & Family Services
ATTN: Human Resource
3949 South 6th Street
Klamath Falls, OR 97603
job@klm.portland.ihs.gov

IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE SUFFICIENT INFORMATION TO PROVE QUALIFICATIONS FOR TRIBAL POSITIONS.

Please Note: If requirements are not met, i.e., submission of a resume in lieu of a tribal application or not including a required certification, your application will not be reviewed and will be disqualified.

Indian Preference will apply. In accordance with Klamath Tribal policy, priority in selection will be given to qualified applicants who present proof of eligibility for "Indian Preference".

Applications will not be returned.