

MEDICAL BILLING CLERK

DISTINGUISHING FEATURES OF THE CLASS: This is moderately difficult clerical work involved in medical billing, and includes responsibility for performing a variety of medical insurance and related financial record keeping duties. The work requires general understanding of specific laws related to medical insurance billing, office rules, procedures and policies, and may be performed on an alpha/numeric keyboard. Employees in this position perform double-entry bookkeeping. Employees generally follow a prescribed routine and, in most cases, receive only infrequent general instructions. Work is performed under general supervision. Coordination may be exercised over the work of one or more clerical assistants. A Medical Billing Clerk does related work as required.

TYPICAL WORK ACTIVITIES:

- Reviews remittances in order to collect payments;
- Changes format of electronic and paper claims as required by third party insurance payers;
- Receives electronic remittances from all insurance;
- Submits voucher as required to receive payment from State aide and grants;
- Enters information regarding medical billing in a prescribed manner;
- Prepares reports based upon medical billing activities;
- Coordinates Medicaid, Medicare and private pay billing;
- Maintains financial records related to billing for Medicaid, Medicare, patient billing and third-party insurance including HMO's;
- Answers provider questions regarding medical billing procedures and/or problems;
- Answers family and/or residents' questions regarding medical billing issues;
- Has direct contact with insurance carriers and employers;
- Electronically submits files to Medicaid, Medicare, and private insurance;
- Manually prepares and send insurance forms to various insurance companies;
- Verifies data entered by comparing with provider billings;
- Prepares county vouchers for payments for services provided;
- Identifying and coding general ledger accounts for bills rendered for services;
- Verifies insurance coverage with insurance company; and
- Obtains insurance authorization for services to be rendered.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL

CHARACTERISTICS: Good knowledge of the provisions of standard insurance policies and the applications thereof; good knowledge of modern methods used in maintaining medical insurance, financial records and reports and medical billing procedures; good knowledge of office terminology, procedures and equipment; good knowledge of business arithmetic and English; good knowledge of Medicaid/Medicare; ability to use alpha/numeric keyboard accurately at a satisfactory rate of speed; ability to plan; ability to make arithmetic computations rapidly and accurately; ability to write legibly; ability to get along well with others; mental alertness; high degree of accuracy; tact and courtesy.

MINIMUM QUALIFICATIONS: Graduation from high school or possession of an appropriate equivalency diploma and either:

A) Possession of an associate degree in accounting, business, or related field, and two (2) years of full-time paid experience in medical billing;

OR

B) Completion of medical billing course and three (3) years of full-time paid experience in medical billing;

OR

C) Four (4) years of full-time paid experience in medical billing;

OR

D) An equivalent combination of education and experience as set by the limits of A), B), and C) above.

NOTE: Your degree must have been awarded by a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education. If your degree was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies who provide this service can be found on the New York State Civil Service website. You must pay the required evaluation fee.

CATTARAUGUS COUNTY CIVIL SERVICE

Adopted: 5/20/10

Revised: 6/5/24