## SENIOR MEDICAL BILLING CLERK

<u>DISTINGUISHING FEATURES OF THE CLASS</u>: 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 a thorough 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 Senior 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;

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;

May submit voucher as required to receive payment from State aide and grants;

May supervise the work of lower level staff members.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Thorough knowledge of the provisions of standard insurance policies and the applications thereof; thorough 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.

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<u>MINIMUM QUALIFICATIONS</u>: Graduation from high school or possession of an appropriate equivalency diploma recognized by the New York State Department of Education and EITHER:

- 1. Possession of an Associate's Degree with a major in accounting, business, or related field, AND four (4) years of full-time paid experience in medical billing; OR
- 2. Completion of medical billing course and five (5) years experience in medical billing; OR
- 3. Six (6) years of full-time paid experience in medical billing; OR
- 4. An equivalent combination of education and experience as set by the limits of (1) (2) and (3) above.

CATTARAUGUS COUNTY CIVIL SERVICE COMMISSION

Adopted: January 6, 2011