Creating and Inspiring Healthier Lives.

Position Title:	Adlera Billing/Coding Specialist
Department:	Billing Department
Supervisor:	VP Finance & Operations
Supervisory Responsibilities:	None
FLSA Status:	Non-Exempt

Summary:

The Billing/Coding Specialist functions as a member of the billing team under the direct supervision of the Vice President of Finance & Operations. The Billing/Coding Specialist is responsible for initiating billing to maximize reimbursement for services rendered by Adlera. The Billing/Coding Specialist reviews posted charges and medical records for complete and accurate coding entry, creates and reviews claims for accurate and timely submission and addresses working errors and denials accordingly. This position works directly with patients to address account concerns, and billing issues. In addition, the Billing/Coding Specialist correctly applies contractual allowances, bad debt write-offs and any other adjustments or discounts in compliance with Federal, State, and internal policies and guidelines.

All employees will exhibit the following behavioral traits:

Integrity and Trust

Individual is widely trusted and can present information and discuss situations in an appropriate and helpful manner, keeps confidences, admits mistakes, doesn't misrepresent him/herself for personal gain. Is respectful in action and communication with clients, patients and staff.

Mission Integration

Adheres to the organization's mission during times of ease or challenge, is dedicated to the expectations and requirements of the mission and vision, acts in line with the values identified by Alluvion Health.

Team Relations

Understands and supports the team approach and integrated model of Alluvion Health. Is seen as a team player, cooperative and supportive of his/her coworkers, practices what he/she preaches. Can be candid with peers and fosters open dialogue. Creates a feeling of belonging on the team and holds self and team accountable to those behaviors.

Essential Job Responsibilities:

1. Reviews medical record and confirms coding or codes claims accordingly;
2. Posts patient charges to the health center payment management system;
3. Verifies audits and corrects patient charges as needed;
4. Verifies ancillary charges with physician orders if necessary;
5. Prepares charges for billing through daily generation and submission of clean claims;
6. Accurately posts patient and/or insurance payments, contractuals, and other insurance adjustments to the payment management system;
7. Accounts for and reconciles charges, payments and adjustments as necessary;
8. Manages claims and addresses insurance denials, including but not limited to, research of diagnosis codes, research of HCPCS codes, coordination of coding, and lack of patient demographic information, etc.;
9. Interacts professionally with insurance companies and other payers in the accounts receivable follow-up process;
10. Interacts with patients in a professional manner, using the highest level of customer service skill, in the best interest of the patient, and in balance with protecting the assets of Adlera;
11. Generates weekly and monthly reports as requested by supervisor;
12. Conducts account and process audits as necessary to ensure correct and compliant coding, charge entry, billing and accounts receivable follow-up.
13. Performs all duties and responsibilities in accordance with Adlera's policies and procedures, CMS and Medicaid billing rules and all other billing requirements and rules.
14. Responsible for completing various special projects/events, which may require reviewing and analyzing information, identifying problems, recommending solutions and writing reports.
15. Performs a variety of other duties as assigned; which may include but are not limited to: directing or participating in special projects and events, conducting research, representing Adlera at meetings and conferences, and attending continuing education and training events.

Knowledge, Skills and Abilities:

Knowledge and understanding of:

- Medical terminology;
- Healthcare coding procedures;
- Medicare and Medicaid billing requirements;
- Insurance eligibility and application of resources for determination;
- Medicare, Medicaid and 3rd party payer claims management;
- Desire and dedication to work;
- Medical business office procedures;
- Cultural sensitivity;
- HIPAA Privacy and Security Rules;
- Microsoft Office (Outlook, Word, Excel, Internet) and electronic medical record and payment management systems;
- Safety policies and procedures.

Skills in:

- Organization and detail oriented;
- Decision making and effective problem solving;
- Effective communication with diverse populations and demographic backgrounds;
- Establishing positive working relationships with other departments, employees, Federal and State agencies, private agencies, and the general public;
- Computer use to manage data and meet essential job requirements;

Ability to:

- Develop short and long-term goals to achieve organizational objectives;
- Communicate effectively orally and in writing;
- Read, understand, and follow written and oral instructions;
- Observe required work hours;
- Demonstrate punctuality;
- Work as a team member collaborating with patients, community resources and industry partners;
- Adapt to changes in the work environment, managing competing demands, and able to change approach or method to best fit the situation;
- Deal with frequent change, delays and or unexpected events;
- Work a flexible schedule to accommodate organizational needs, may include some evening hours;
- Adhere to a high degree of confidentiality and sensitivity towards patients;
- Maintain confidentiality and compliance with HIPAA privacy and security rules;
- Work with patients with diverse social, economic and cultural backgrounds in an empathic, non-judgmental, respectful and professional manner;
- Work with people from all walks of life, such as individuals with various social and emotional histories, high risk, unemployed, homeless, abused and people with mental health conditions;
- Work independently with little direction but also work as a team;
- Analyze and compile information;
- Occasionally lift up to 50 pounds;
- Pass a criminal background check;
- Meet established timelines and/or deadlines;
- Observe established lines of authority;
- Identify problems that adversely affect the organization and its functions;
- Offer suggestions for improvements.

Education/Experience/Certifications:

Education/Training

- High School Diploma;
- Two (2) years' minimum experience in Medicaid and Medicare healthcare billing;
- Minimum of three (3) years' experience in health care business office administration;
- FQHC billing experience preferred.

Certifications

- CPC coding certification or willingness to obtain within 12 months of hire;
- Must possess a valid driver's license issued by the State of Montana.

Language Skills:

Fluent in the English language. Ability to read, analyze, and interpret the most complex documents. Ability to respond effectively to the most sensitive inquiries or complaints.

Physical Requirements:

- Physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
- The employee is regularly required to sit and use hands and fingers to provide care to patients and operate computer;
- Frequently is required to reach with hands and arms;
- Must occasionally lift and/or move up to 50 pounds while transporting equipment and supplies;
- Specific vision abilities required by this job include close vision and looking into monitors for extended periods of time and ability to adjust focus which permits the employee to perform computer procedures, and to produce and review a wide variety of documents, correspondence, reports and related materials in both electronic and printed form;
- Clarity of speech and hearing that permits the employee to communicate well with others;
- Mobility that permits the employee to move about in a variety of building settings; Personal mobility that permits the employee to enter, operate and exit motor vehicles and travel to other clinic sites.

Working Conditions:

- Work indoors in climate-controlled environment 95% of the time.
- OSHA Exposure Category #1 *(The normal work routine involves exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment.)*

Work Hours:

- Full-time, non-exempt. Typically a 40 hour workweek.

COMMENTS:

This description is intended to describe the essential job functions and the essential requirements for the performance of this job. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned, and management retains the right to add or change the duties at any time.

_____	_____
Employee Signature	Date
_____	_____
Immediate Supervisor	Date
_____	_____
Human Resources Signature	Date