MARIETTA EYE CLINIC

Patient Account Representative

Position Description

Position: Patient Account Representative **Reports to:** Director, Revenue Cycle and/or Assistant Director

Classification: Non-Exempt **Direct Reports:** N/A unless assigned

Summary of Responsibilities: The person in this role may act in either all, one, or some of the following functionalities: Coding, Posting, Claim Resolution, or Benefits Coordination. All functions perform highly technical and specialized functions for the patient financial services department. Persons in this role may be responsible for assisting in new hire training. The person in this role must maintain patient confidentiality and adhere to all policies and procedures as outlined in Employee Handbook or departmental guidelines. Must adhere to work schedule as well as time and attendance policies - variable work schedules 7:00 am until 6:30 pm Monday through Friday. These hours can/ may change based upon department needs. Duties and responsibilities may be added, deleted or changed at any time at the discretion of management, formally or informally, either verbally or in writing.

Essential Job Functions: The person in this role may act in either all, one, or some of the following functionalities: Coding, Posting, Claim Resolution, or Benefits Coordination. Specifics of functional areas listed below.

Coding:

- Reviews, analyzes, and codes diagnostic and procedural information that determines Medicare, Medicaid and private insurance payments
- Perform ICD-10-CM, CPT and HCPCS coding for reimbursement
- Ensures compliance with established coding guidelines, third party reimbursement policies, regulations and accreditation guidelines.
- Assigns and sequences ICD-10-CM/CPT/HCPCS codes to diagnoses and procedures for documented information. Assures the final diagnoses and operative procedures as stated by the physician are valid and complete. .
- Abstracts all necessary information and assigns codes (ICD-10, CPT & HCPCS), which most accurately describe each documented diagnosis, surgical procedure and special therapy or procedure according to established guidelines.
- Determines the final diagnoses and procedures stated by the physician or other health care providers are valid and complete. Promotes positive customer relations for the Marietta Eye Clinic.
- Edits (claim scrubbing)
- Charge entry, assignment of ICD-10 code (reasonability, validity)
- Electronic claim submission and rejection follow up
- Co-managed Surgery coordination and reporting

Posting:

- Independently evaluate explanation of payments for patient accounts and understand correspondence based on knowledge of policy and personal discretion.
- Accurately post or record information regarding collection receipts.
- Processes and files information regarding collection receipts.
- Quick evaluation and detail oriented.
- Research oriented and capable.
- Files correspondence, records, and reports.
- Bank and Bank Partner liaison
- Bank Deposit reporting and balancing
- 835 file management, deposit tracking
- Timely application of payments and denials
- Co-managed Surgery coordination and reporting

Claims Resolution:

- Reviews reports (aged trial balance, aging reports, etc.) to ensure timely follow-up and resolution of accounts for assigned payors.
- On a daily basis, researches and corrects denials received for assigned clients.
- Documents all correspondence with patients, insurance carriers and clients.

- Receives payments from patients via phone or in-person.
- Responds to requests for information from patients, insurance carriers and clients within 2 business days**.**
- The claims resolution function/position is responsible for following-up and resolving all unpaid insurance claims for assigned payors.

Benefits Coordination:

- Working Clearwave system to accurately display correct insurance for claim filing
- To ensure all services for MEC have appropriate insurance benefit coverage as well as authorization and notification in place prior to all outpatient elective\non-elective scheduled services and within contractual guidelines for urgent and emergent services.
- Responsible for completing work lists timely.

Competencies:

* Ability to communicate in a calm, orderly, and non-threatening manner
* Ability to work with interruptions and to manage multiple priorities
* Ability to analyze an accounts receivable aging report and work associated accounts to completion in an organized and timely manner
* Ability to multi-task
* Good organizational and time management skills
* Must possess strong customer service and interpersonal skills to interact effectively with patients and insurance company representatives
* Retina Injection authorization experience is a plus

General Minimum Education and Background Requirements - specifics by function listed below:

* High school diploma or GED.
* Healthcare Experience preferred

Coding: CCS, CCS-P or CPC certified or certification in process, 4+ years Ophthalmology experience
Posting: College Degree or High School Diploma, 4+ years Ophthalmology experience, Experience with managed care contracts, Payment posting experience is preferred
Claims Resolution: CPC certified or certification in process, Medical Practice experience 2+ years
Benefit Coordination: Minimum of one year experience in a hospital admitting/registration practices insurance and managed care areas

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Minimum Demonstrated Skills

* Knowledge of organization policies, procedures and systems.
* Knowledge of contractual management practices
* Good mathematical skills a must.
* Skill in verbal and written communication.
* Skill in gathering and reporting information.
* Ability to work effectively with staff, physicians and external customers. Must display teamwork attitude and good inter-personal skills.
* Must be able to work effectively under high levels of stress and under deadlines
* Knowledge of medical billing processes.
* Knowledge of health care insurance claim practices and compliance.
* Knowledge of computer systems, programs and spreadsheet applications.
* Skill in gathering and reporting claim information.
* Skill identifying denial reasons and submitting appeals
* Skill in use of multiline phone system.
* Skill in written and verbal communication and customer relations
* Ability to adhere to organizational standards and key behaviors (respect, teamwork, professionalism, communication, professional growth and development)
* Ability to maintain confidentiality of business / work information.
* Ability to utilize available resources to update patient account information.

Physical Requirements: Requires sitting and standing associated with a set office environment. Manual dexterity using calculator and computer keyboard, good eye-hand coordination, adequate vision and hearing needed in daily work. It is necessary to view computer screens for long periods. Good voice quality, effective verbal communication skills, and a friendly voice tone required. Occasional lifting of files or paper weighing up to approximately 30 pounds is required. Must be in good mental and physical condition to withstand the medium to high levels of stress and demands of a mentally and physically active position

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I have reviewed this position description and understand that I am expected to abide by these standards as outlined. I understand that I will be evaluated on these standards during my introductory and annual reviews.

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(Print Name - Employee) (Date)

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(Signature - Employee)