

**KENAITZE INDIAN TRIBE
JOB DESCRIPTION**

POSITION TITLE: Billing Account Representative

TYPE OF POSITION: Full Time

POSITION HOURS: Monday-Friday, 8:00am – 5:00pm

REPORTS TO: Billing Manager

INDIAN PREFERENCE: Native preference under P.L. 93-638

POSTING: January 19, 2012 – Open Until Filled

KENAITZE INDIAN TRIBE'S PURPOSE, VALUES & VISION

Purpose

To assure Kahtnuht'ana Dena'ina thrive forever.

Kahtnuht'ana Dena'ina Values

These are the beliefs and principles that define our people and will assure our future as tribe:

- Family: honoring and sustaining health and happiness of family as a first responsibility
- Stewardship: respectful use of land, resources and all creations
- Spiritual Beliefs: acknowledging the existence of a higher power and respecting spiritual beliefs
- Education: passing down cultural knowledge and traditions and supporting formal education

Vision

By 2025, Dena'ina are prosperous, healthy, and culturally strong

- We will work toward united effort with Native organizations and other governments that impact our people
- We will develop and implement a tribal education system
- We will live our traditional values and practices
- We will empower our sovereignty
- We will achieve self-sufficiency
- We will strive for excellence in all of our programs

- We will elevate the health status of our people

POSITION SUMMARY

A billing account representative will be cross trained to perform a variety of duties within the billing office. Some of these duties will be accurately posting charges; timely preparation and submission of claims to third party payers, intermediaries, and responsible parties in accordance with billing policies and procedures; customer service such as taking phone calls or creating correspondence, tracking pre authorizations and service authorizations; posting payments to patient accounts; working aged reports; working denied claims; account reconciliations; processing refunds; processing collection accounts; placing collection calls.

QUALIFICATIONS

(Consideration may be given for equivalent knowledge, skills, abilities, education, and experience)

Education/Training

- High school diploma or GED equivalent

Experience

- Two years of medical billing experience preferred
- Knowledge and experience working with Alaska Native/American Indian people preferred.

Knowledge

- Knowledge of medical billing procedures and claims submission process
- Knowledge of basic medical terminology and understanding of insurance
- Knowledge of how to operate office equipment such as computer, calculator, printer, fax etc.
- Knowledge of third party medical billing and reimbursement environment, including established procedures, forms, etc. associated with various health insurance programs.
- Knowledge of basic medical and coding terminology.
- Knowledge of basic customer service principles and HIPAA compliance issues

Personal Skills

- Ability to cooperate with other staff members both within and outside department.
- Always exhibits traits of courtesy, caring, helpfulness, and respect.
- Conducts self in a service-oriented manner that is attentive, pleasant, respectful and kind when dealing with customers, visitors, public, employees, and others.
- Excellent analytical thinking ability, organization skills, and detail oriented.
- Displays a high degree of professionalism.

ESSENTIAL FUNCTIONS AS ASSIGNED - INCLUDING

- Responsible for the accurate and timely preparation and submission of claims to third party payers, intermediaries, and responsible parties in accordance with billing policies and procedures.

- Processes fee tickets/superbills and identifies claims that are ready for billing. Notifies the supervisor of all claims deemed unbillable, along with reason(s) on a daily basis.
- Prepares and submits claims within 24 hours after all information necessary to submit a complete and accurate claim becomes available.
- Prints, sorts, and mails manual claim forms when electronic billing is unavailable.
- Responsible for error correction and rebilling of previously submitted claims that have been denied/suspended by third party payers.
- Keeps abreast of CPT, CDT, ICD-9, and HCPCS coding
- Always respects the confidentiality of patient information when performing job duties.
- Posts all payments and adjustments to patient accounts in a timely and accurate manner.
- Consistently evaluates the accuracy of payments by third party payers.
- Researches, reviews, and resolves any inconsistent payments (under or over the expected amount).
- Investigates reasons for rejected/suspended claims. Corrects and resubmits claims which can be reprocessed for payment.
- Follows up and makes notes on all outstanding accounts over 45 days post submission and contacts the payer to determine the claim's status, reworks claim appropriately.
- Uses Explanation of Benefits (EOB) forms and payer reports to track and analyze claims denial data, and to post payments.
- Generates and mails patient statements and related correspondence according to the collection cycle.
- Prepares refund documentation, or collection documentation as appropriate.
- Answers billing office phone calls using proper customer service etiquette, and prepares correspondence as appropriate.
- Is to be aware of and responsible for compliance with HIPAA guidelines.
- Performs other duties as assigned.

This Job Description reflects Kenaitze Indian Tribe's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and qualifications of the job.

Employee Name (printed): _____ Date _____

Employee Signature: _____

Immediate Supervisor Signature: _____ Date _____