



GREATER VALLEY HEALTH CENTER

Greater Valley Health Center (GVHC) recognizes employees are at the heart of our ability to meet the needs of our patients and community. We invite every employee to contribute at the highest possible level. This position description is provided to outline the primary duties, qualifications, and job scope. It is not intended to limit the employee or GVHC to just the work identified. We expect each employee will offer his/her services wherever and whenever necessary to ensure the success of our endeavors.

It is the policy of this facility to provide equal opportunity to persons regardless of race, religions, age (over 40), gender, disability, veteran, genetic information or any other classifications in accordance with federal, state, and local statues, regulations and ordinances.			
Job Title	Health Care Biller		
Wage Range		Schedule	M-F
Working hours per week	40		
Reports to (job title)	Billing Director	Non- Exempt/Exempt	Non- Exempt
Job purpose <i>(Why does the job exist? What is it there to achieve or deliver?)</i>			
Coordinates administrative and technical support duties relating to management of third-party billing activities and related work as required.			

Knowledge, Skills & Experience <i>(work experience, qualifications, specialist training, key skills, disposition)</i>		
	Requirements	Essential/Desirable
Qualifications	High school graduation or equivalent, preferably supplemented by course work or training in medical billing.	Essential
Experience	Minimum 3 years' experience in healthcare billing and collections practices, preferably within an FQHC.	Desirable
Knowledge & skills	Knowledge of Medicaid, Medicare, and third party payment sources. Knowledge of medical billing systems and electronic health records. Knowledge of medical terminology likely to be encountered in medical claims. Knowledge of debt collection practices and insurance guidelines. Knowledge of contemporary computer usage including word processing, spreadsheets and databases. Skill in communication with patients and healthcare organizations. Skill in the use of various office machines with a high level of proficiency.	Essential
Abilities	Ability to communicate effectively the details of electronic billing by offering assistance to other billers; informing co-workers of changes within the system.	Essential

	Ability to perform complex clerical work. Ability to effectively deal with administrative detail. Ability to make mathematical computations. Ability to act with initiative and good judgment and to make sound independent fiscal and administrative decisions.	
Special Requirements	Have and maintain a valid Montana's driver license.	Essential
Attitude & disposition	Strong work ethic, positive, caring, knowledge of cultural diversity and social determinants of health, team oriented. May be requested to perform functions relevant to the position but not listed above.	

Main Duties and Responsibilities of the Role: these duties are the essential functions and are not all-inclusive of all duties that the incumbent performs.

Prepares, reviews, and transmits clean claims for medical, dental, and behavioral health billing either electronically or by paper.
 Imports data from the patient accounts billing system, corrects errors and transmits to clearinghouse.
 Follows up on unpaid claims with standard billing cycle timeframe.
 Communicates with insurance companies regarding claims payments.
 Identifies and bills secondary or tertiary insurances.
 Researches and appeals denied claims.
 Manages monthly statement process to patients.
 Enters third party payment into the data system as appropriate.
 Determines Medicaid and other insurance eligibility.
 Assists patients in understanding billing charges and developments payment plans as necessary.
 Collects patient payments.
 Maintain knowledge of primary code classifications (CPT, ICD-10) and third party billing requirements and acts as a resource to providers for billing and coding issues.
 Performs related work as required.
 Takes the initiative to increase knowledge needed to effectively process claims and bills. This may include course-related studies, attending workshops as well as other means of knowledge acquisition.
 Ensure the confidentiality of patients' personal information.

Working Environment (*knowledge of special working practices, breadth of management skill required, customer impact, responsibility, efficiency*)

Work is mainly performed in an office/clinic setting with computer/phone work and moderate noise. Standing, bending, sitting, lifting, walking, stooping required. You may be required to travel to different clinic locations.

Freedom to Act & Decision Making (*depth of control, supervision received, use of judgement & initiative, analytical ability*)

Work independently to complete tasks; use sound judgment but ask questions if needed; show initiative for work/work flow improvements.

Communication & Networking (*liaison with others, type and level of communications*)

Clear and detailed written and/or verbal communication with patients, patient family members, co-workers, and providers is required.

Finance/Resource Management (*budgeting, forecasting*)

Use supplies efficiently.

People Management (*supervisory responsibility, human relations skills*)

Non-supervisory position

This job description sets out the duties of the post at the time it was drawn up. Such duties may vary from time to time without changing the general character of the duties or level of responsibility entailed. Such variations are a common occurrence and cannot of themselves justify a reconsideration of the grading of the post.

Confirmation Section

Employee Signature

Date:

Print name

Supervisor Signature

Date:

Print name

CEO:

Comments: