



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • (435) 867-2659 (fax)

POSITION TITLE: Billing/Coding Specialist

DEPARTMENT: Health

SUPERVISOR: Chief Financial Officer

STATUS: Full-time, Non-Exempt, Hourly

PAY: \$15.00+ hr. (DOE)

DATE APPROVED: July 3, 2017

OPENS: July 7, 2017

CLOSES: until filled (may close early if enough qualified candidates are achieved).

JOB SUMMARY

Processes and analyzes charts for completeness, accuracy and relevance of diagnoses and procedures. Verifies CPT codes to health center procedures using coding guidelines. Completes missing visits slips and routes incomplete charts to providers to complete. Processes and submits claims for payment and coordinates bill status with Medicare, Medicaid and private insurances. Adheres to strict privacy policies protecting patient/client information.

The Paiute Indian Tribe of Utah is an equal opportunity provider and employer, subject to the federal laws, regulations and policies requiring or allowing Indian preference.

ESSENTIAL JOB FUNCTIONS include, but are not limited to, the following.

1. Ensures confidentiality in accordance with the Privacy Act of 1974, Alcohol and Drug Abuse Patient Records, Freedom of Information Act, HIPAA and other pertinent Federal regulations.
2. Reviews, verifies and sequences final diagnoses codes and procedures through documentation by health center providers in accordance with coding techniques, rules and regulations.
3. Clarifies vague or incomplete diagnostic and/or procedural information for services provided by providers when necessary.
4. Assigns the DRG sub classification formula to Medicare/Medicaid and rehabilitation patient records.
5. Keeps abreast of all coding trends and changes.
6. Provides education and updates to medical staff, office staff and other health care providers on coding changes, rules, regulations and guidelines.
7. Researches and resolves inquiries from insurance companies, providers and patients regarding charges and/or codes.

8. Ensures billing denial holds and errors are resolved in Athena Health and claims are re-submitted accurately for payment.
9. Follows-up with insurance carriers on clinical information requested and resolves issues relating to coverage and payment for patients and benefits.
10. Resolves insurance and patient billing inquiries and/or complaints.
11. Confirms patient registration information is correct before beginning the billing process.
12. Ensures client's insurance is sequenced correctly.
13. Coordinates with clearing houses to set up electronic billing and routing submissions for Medicare, Medicaid and private insurance using Athena health.
14. Sets up the credentialing of clinic providers and ensures information crosses into each billing site.
15. Creates claims and ensures claim accuracy.
16. Submits bills for non-emergency Medicaid transportation services.
17. Bills for all services provided from each health center including any contracted providers.
18. Assures accuracy of routing information, client data and services rendered in each health center billing site.
19. Makes sure claims are clean and accurate to process.
20. Rebills secondary insurance as needed.
21. Provides assistance to health center staff regarding issues relating to insurance, credentialing and issues with Athena health.
22. Provides regular training to health center staff regarding billing issues and reports issues to supervisor.
23. Designs and runs reports for administrators, health care providers and outside agencies using Athena health on a regular basis.
24. Resolves issues related to accounts receivables and researches any instances of non-payment or overpayment on a regular basis.
25. Keeps current on training updates and changes in the areas of Medicaid transportation, medical billing practices and procedures, third party billing, patient registration, accounts receivables, reimbursement and Medicare.
26. Performs other related duties incidental to the work described herein.

GENERAL REQUIREMENTS

- Must possess a valid driver license.
- Must be insurable through the tribe's auto insurance.
- Must pass a background investigation.
- Must pass an alcohol and drug screening.

- The Tribe reserves the right to require an applicant to submit to and pass a physical examination prior to or contemporaneous with hiring. Refusal to submit to a physical examination may deem an applicant ineligible for the position.

QUALIFICATIONS

Education and Experience:

- High School diploma, equivalent GED or higher.
- One or more years of professional experience with proficiency in coding of medical records using ICD-9, ICD-10 and CPT coding.
- Preference for knowledge of Medicaid, Medicaid ACOs, dental carriers, managed care, and third-party payer systems.
- Demonstrated knowledge of medical terminology, anatomy and physiology.
- Basic knowledge of medical procedures and disease stages/processes.

Necessary Knowledge, Skills and Abilities:

- Knowledge of health information management theory, principles, techniques, concepts and policies to analyze medical records.
- Knowledge of medicolegal aspects of health information management.
- Skill in data collection.
- Knowledge of legal regulations and requirements pertaining to medical confidentiality, specifically the Privacy Act of 1974 and HIPAA regulations.
- Ability to perform qualitative and quantitative review, analysis and technical evaluation of medical records.
- Ability to effectively communicate and maintain positive working relationships with staff, clients, vendors, support programs, tribal administration, families of clients/patients, vendors and other agencies.
- Skill in computer literacy.
- Ability to maintain a high level of confidentiality.
- Exceptional attention to detail.
- Ability to speak and write clearly, concisely and effectively and ability to read, understand and listen to information and ideas written and oral.
- Ability to effectively organize workload and manage time.
- Ability to deal with people in a manner that shows cultural sensitivity, tact and professionalism.
- Ability to make independent judgments which have minor impacts on the department.
- Ability to learn assigned tasks and adhere to prescribed department policies and procedures.
- Ability to accept direction on given assignments.
- Ability to keep records, manuals and files organized.
- Ability to work independently.
- Ability to multi-task and establish priorities.
- Ability to maintain organization in a changing environment.
- Ability to work with minimum supervision.
- Ability to work well under pressure.
- Ability to establish and maintain a harmonious working relationship with co-workers and be a team player.
- Ability to work with minimum supervision, while recognizing situations that require management attention.
- Knowledge of the Native American community is helpful.
- Demonstrates respect for and awareness of Native American customs and traditions.
- Skill in operation of listed tools and equipment.

Personal Characteristics:

- Punctual
- Dependable
- Professional appearance (business casual dress)
- Organized

LICENSING AND REGULATION

CPC or equivalent certification required or ability to obtain certification within 6 months of employment.

TOOLS AND EQUIPMENT USED

Computer, telephone, copy machine, fax machine, printer, scanner and shredder.

PHYSICAL DEMANDS

While performing the duties of this job, the employee is frequently required to sit for long periods of time, talk, walk, hear and use hands and fingers to feel, handle, or operate objects, tools, or controls; and reach with hands and arms.

The employee may occasionally lift and/or move up to 50 pounds and drive a motor vehicle. Specific vision abilities required by this job include close vision and the ability to adjust focus.

WORK ENVIRONMENT

The work is performed primarily in an office setting. The noise level in the work environment is mild to moderate.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

This job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.