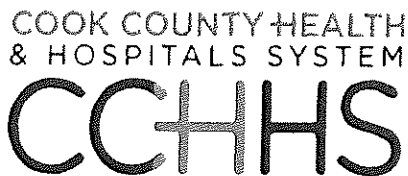


Human Resources
750 S. Wolcott
Room: G-50
Chicago, IL 60612



Job Code: 5929
Grade: 13
FLSA: Non-Exempt

Standard Job Description

Job Title Third Party Billing & Follow Up Representative Department Finance

Job Summary

Facilitates the billing and collection processes of outstanding accounts receivable. Analyzes claims to determine compliant and accurate coding, charging; reviews file to confirm demographic and billing information is updated. Makes recommendations to improve billing and collection practices in an effort to increase the reimbursement timeframe and accuracy of payment. Processes legal requests for information; ensures proper authorization is on file to support the request.

Typical Duties

- Facilitates the billing and collection processes of outstanding accounts receivable
- Communicates with internal and external contacts to explain primary, secondary and tertiary billing, collection and resolution of claims including Medicare and other government and non-government accounts
- Monitors daily queues for customer services/quality and productivity to maintain acceptable level as established by the departments; alerts management of high call volume patterns
- Handles incoming and outgoing billing correspondence and phone inquiries relating to patient, third party administrators, attorneys, vendors and other insurance payers
- Documents conversations and/or actions taken to support all claims inquiries, review and/or reconsiderations; streamlines the follow-up process of team members assisting on the file
- Analyzes claims to determine compliant and accurate coding, charging; reviews file to confirm demographic and billing information is updated
- Works to resolve any claim or billing concerns and takes appropriate action to escalate issues to management when appropriate
- Develops relationships with patients, third party administrators, attorneys, vendors and other insurance payers
- Performs follow-up processes on accounts to work towards a zero balance
- Files a timely reconsideration or review of claim with supporting documentation such as a corrected claim, medical records and letter of explanation as necessary; communicates with departments to gather information needed to resolve the claim
- Makes use of the software and hospital systems in accordance to hospital policies and procedures
- Performs account system updates such as changes to financial class, eligibility status, payor contact information or rebills
- Communicates with team members of any changes or updates that may impact work flow outcomes such as billing address or contact information
- Performs balance transfers
- Develops weekly productivity reports for management; makes recommendations to improve billing and collection practices in an effort to increase the reimbursement timeframe and accuracy of payment

Typical Duties continued

- Processes legal requests for information; ensures proper authorization is on file to support the request
- Maintains compliance with all billing and collections practices and regulations set forth by local and federal government and any other governing agencies to include but not limited to Center for Medicaid & Medicare Services (CMS), American Health Information Management Association (AHIMMA), Health Insurance Portability and Accountability Act (HIPAA), etc.
- Completes annual education requirements
- Performs special projects and other duties as assigned

Reporting Relationships

Reports to the System Supervisor of Third Party Billing and Collections

Minimum Qualifications

- High School Diploma or GED
- One (1) year of experience in hospital account receivables or business office activities related to account follow up/collections

Preferred Qualifications

- One (1) year of experience in a hospital account receivables or business office activities related to account follow up/collections within multi-hospital system
- Bilingual English/Spanish or English/Polish

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge and familiarity with billing hierarchy levels and order of facilitation
- Knowledge of compliance and regulations for billing and collection practices set forth by local and federal government and any other governing agencies
- Knowledge of billing and collection processes in a hospital environment
- Knowledge of Microsoft Office Suite
- Knowledge of Siemens Application, Cerner Application, Monarch Application or Emdeon Revenue Cycle Portal
- Excellent verbal and written communication skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Strong interpersonal and customer service skills
- Demonstrate good phone and email etiquette skills with strong response times both on the phone and electronically
- Demonstrate good computer and typing skills to support thorough documentation of phone call
- Demonstrate analytical, problem-solving, critical thinking, and conflict resolution skills
- Demonstrate attention to detail, accuracy and precision
- Ability to prioritize, plan, and organize projects and tasks
- Ability to multi-task and meet deadlines in a fast paced and stressful environment
- Ability to adhere to department policies and standards utilizing best practices
- Ability to maintain a professional demeanor and composure when challenged

