

Kansas Surgical Consultants LLP - Job Description

Job Title	Account Receivable Specialist
Reports to	Business Office Manager

FLSA Status	Non-exempt

Job Purpose

Responsible for accounts receivable, collection and account follow-up functions for the practice. Complies with state and federal regulations and third-party insurance contracts. Maintains patient confidentiality. Participates in staff meetings and abides by general policies and rules of conduct as outlined in the employee handbook. This position represents KSC by developing and fostering positive relationships with patients, vendors, and various community organizations.

Essential Functions

Essential Functions include the following.

1. Monitors aging of accounts using specified reports from the system.
2. Performs follow-up with insurance companies (working from A/R report) ensuring timely payment of claims.
3. Works account receivable and performs appropriate actions (resubmission to insurance, collection, etc.).
4. Uses telephone, email and insurance portal websites to research unpaid claims.
5. Follow ups on unpaid claims or denials as designated by the patient accounts specialist
6. Monitors rejected claims and performs appropriate follow-up in Payer path.
7. Updates patient demographic, insurance and other relevant information when necessary through the research process.
8. Works return mail and insurance denials/ PIP exhaust letters.
9. Answers billing questions from lawyer's offices, insurance companies and patients regarding coverage and payment options. Creates payment plans.
10. Works insurance credit balance report each month. Processes refunds / recoup requests.
11. Answers calls regarding patient accounts per designated schedule.
12. Provides cost and good faith estimates to staff and discusses with patients when necessary.
13. Processes patient and insurance payments as necessary (via telephone and in person).
14. Provides regular support for the Patient Accounts Specialists role
 - a. Perform daily deposit posting requirements to ensure balance, to include:
 - b. Processing and verifying all files in Remit Connect (including correspondence),
 - c. Pulls remits and posts payments or zero pays in order to balance daily batches,
 - d. Verifies and posts of all payment batches (credit card payments through the patient portal, mobile check in, front desk, Care Credit and fax). for accuracy.
 - e. Verifies all batches are in balance prior to updating and closing each day.
 - f. Processes daily claims via Payer Path and paper (manual).

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- g. Monitors rejected/failed claims and performs appropriate follow-up.
 - h. Submits electronic patient statements
 - i. Performs month end collections
 - j. Performs month end closing duties in a timely manner; provides applicable reports to management.
 - k. Enters charges as needed when posting payments (FLMLA, disability, Rescheduling fees, etc.)
- 15. Processes correspondence (bills, records, etc.) Is to patients, insurance companies and lawyers as necessary.
 - 16. Accurately document patient voucher notes on accounts as to what has been done and/or discussed on all relevant correspondence.
 - 17. Processes correspondence work through remit connect.
 - 18. Scans documents in a timely and accurately manner.
 - 19. Acts as a resource to staff and physicians for questions regarding charges, or insurance rules.
 - 20. Verifies accuracy of patient demographic and insurance data entry. Updates as necessary.
 - 21. Performs other related duties as requested or assigned.

Knowledge and Experience

- 1. High school diploma or GED
- 2. 3 years experience with coding, billing and insurance knowledg (desired).
- 3. Demonstrated bookkeeping, balancing and A/R experience.
- 4. Familiarity with health insurance carrier rules, processes and guidelines.
- 5. Knowledge of state and federal billing and coding guidelines.
- 6. Proficient knowledge of medical terminology.

Communication and Interpersonal Skills

- 7. Communicates in a clear, professional manner over the phone and exercises proper telephone etiquette.
- 8. Ability to read and interpret correspondence such as rules, operating instructions, and procedure manuals. Ability to write routine reports and correspondence.
- 9. Communicates clearly, persuasively, and professionally in positive or negative situations; adapts communication style to fit the individual patient and the situation; asks questions to gain understanding of situations and individual needs; listens to others without interrupting and gets clarification. Communicates with tact and diplomacy when delivering difficult messages.

Cognitive Abilities: Reasoning, Problem Solving, Analysis

- 10. Ability to make good decisions, including exhibiting sound and accurate judgment; supporting and explaining reasoning for decisions; including the appropriate people in decision-making process; making timely decisions; and identifying when issues should be referred to management.
- 11. Proficient with intermediate math skills, including calculations.

Self Management and Organization

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12. Ability to take initiative, including asking for and offering help when needed; performs work independently without being prompted.
13. Ability to multi-task and deal with frequent interruptions.
14. Ability to prioritize and plan work activities; use time efficiently; and work within deadlines.
15. Strong attention to detail and focus on quality and accuracy.
16. Ability to maintain confidentiality and privacy of company, patient, and employee information.
17. Exhibits dependability, including following instructions; responding to management direction; and taking responsibility for own actions.
18. Must present professional attitude and appearance.

Technology and Tools

1. Proficient use of software applications including: Microsoft Suite (O365), EMR, web based insurance and facility portals.
2. Ability to effectively use a multi-line phone system.
3. Ability to operate basic office equipment: copier, fax, postage meter, credit card machines, scanner, ten key, etc.
4. Need knowledge of CPT, ICD 9 codes, modifiers, insurance remits and how to read them.

Physical Demands and Work Environment

5. The employee works in a medical office environment with adequate lighting and ventilation.
6. The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to sit; hear; talk; and occasionally required to lift up to 30 pounds; specific vision abilities include color, ability to see up-close and ability to see from a distance. Contact with patients, general public and physicians. Contact may involve dealing with angry or upset people. Requires ability to view the computer screen for long periods of time.

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified.

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Job Description Acknowledgement

This job description was reviewed with me. I understand that management may change this job description with or without notice at any time. I understand that if I have any questions regarding my job duties or performance expectations that I should ask my immediate supervisor. I further understand that this job description does not alter my employment at-will status, nor does it imply any guarantee of continued employment.

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor.

Employee Signature		Date	
Supervisor Signature		Date	