



# St. Croix Regional Family Health Center



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## BILLING SPECIALIST

### SUMMARY OF FUNCTIONS:

Performs the duties and functions necessary to generate and submit patient care billing to payors.

### Claims:

- Prepare, review, and transmit claims from providers using billing software, including electronic and paper claims within 48 hours of being locked.
- Direct data enter all secondary claims and EOB's in Mihms Portal, daily.
- Work with provider and insurance companies to get a claim processed and paid as identified.
- Confirm codes are billable and within SCRFHC Fee Schedule when creating claims.
- Research and appeal denied claims, as identified.
- Identify and bill secondary and tertiary claims, daily.
- Follow up on unpaid claims (Aging) weekly.
- Research denied claims information in the EMR to update claims with accurate insurance information for patients as identified.
- Assure CPT/HCPC codes and modifiers are appropriate to maximize reimbursement.
- Review aging (at a minimum) bi-weekly.
- Know ICD10 and CPT Coding.  
Review electronic health record for documentation and coding when necessary.

### Payments:

- Import daily ERA and EFT payments.
- Check insurance payments for accuracy and compliance with contract discount.
- Post payments within one week or sooner when possible.
- Review patient statements for accuracy and completeness and obtain missing information.
- Telephone insurance companies regarding any discrepancy in payments when identified.  
Create daily Insurance, patient payment deposit slips and copy all checks for payment posting.

### Other:

- Communicate with Billing Lead when issues arise with provider credentialing with insurance companies.
- Meet with Billing Lead weekly to discuss workflow.
- Review patient statements returned if undeliverable by USPS.
- Answer all patient or insurance telephone inquiries pertaining to assigned accounts within 24 hours.
- Knowledge of HIPAA and Privacy Notices.
- Support the PSR team in verifying insurance information for patient visits and assuring entry is accurate.

- Verify eligibility for treatment and procedures on denied claims.
- Review and retrieve daily insurance payments from mail – back up to FA.
- Deliver and retrieve bank deposits – back up to FA.
- Assure open communication with other departments.  
Set up patient payment plans and work collections accounts.

ORGANIZATIONAL RELATIONSHIPS:

Develops and sustains positive working relationships with SCRFHC team.

EXPERIENCE AND/OR EDUCATIONAL REQUIREMENTS:

Minimum 2 years post-secondary school degree or certificate program.

2-3 years relevant work experience preferred in a healthcare setting

JOB TITLE TOP SKILLS AND PROFICIENCIES:

Proficient computer skills.

Experience with claims processing systems preferred.

Strong verbal and written communication skills, organizational abilities, detail oriented.