



Community Health Programs

The mission of Community Health Programs is to improve the health of people throughout Berkshire County by delivering exceptional compassionate health care.

Job Title:	Medical Biller
Department:	Finance
FLSA Status:	Non-Exempt
Hours:	Full Time
Operationally Reports To:	Medical Billing Manager
Direct Reports:	N/A
Updated:	March 2021

Summary: The Biller reviews electronic health record, super bill, computer generated reports, and other reporting tools to identify conditions treated and the services provided to each patient. Performs timely and accurate review of provider coding of diagnoses, services and procedures performed by physicians, physician assistants, nurse practitioners, and any other provider performing billable services, and verifies or recommends appropriate changes utilizing the appropriate coding system including ICD-9-CM and ICD-10, CPT-4 and HCPCS codes. This person will support CHP's mission, vision, and values and will adhere to compliance protocols as well as CHP's policies and procedures.

Biller Essential Duties and Responsibilities:

- Reviews Athena bucket, superbill, computer generated reports and other reporting tools to identify all services and procedures performed by physicians, physician assistants, nurse practitioners, and any other provider performing billable services.
- Reviews appropriate CPT-4 and HCPCS Level II codes.
- Reviews appropriate ICD-9-CM (ICD-10) diagnosis codes verifying and/or recommending the codes that accurately describe the condition for which the service or procedure was performed.
- Obtains and submits copies of medical documentation as required or requested by third party payers.
- Analyzes and resolves claim rejections and denials related to coding or other issues.
- Assists with provider billing and documentation training as needed.
- Identifies trends and ongoing problems related to medical documentation and recommends possible solutions to the Billing Team.
- Answers patient questions, identifies and resolves patient billing complaints.
- With the billing team follows and reports status of delinquent accounts.
- With the billing team evaluate patient financial status and establish payment plans as instructed.
- Other duties as requested by supervisor.

Competencies: To perform the job successfully, an individual should demonstrate the following competencies:

- Strong ability to multi-task.
- Customer Service - Manages difficult or emotional client/patient situations.
- Responds promptly to patient needs.
- Solicits customer feedback to improve service.
- Responds to requests for service and assistance.
- Meets commitments and is punctual.
- Follows policies and procedures.

- Completes administrative tasks correctly and on time.
- Supports organization's goals and values.
- Flexible: Willing to step in when needed and crossed trained for additional administration/billing support.
- Maintains confidentiality.
- Keeps emotions under control.
- Professional, welcoming personality.
- Contributes to building a positive team spirit.
- Responds well to questions.
- Takes careful and accurate notes.
- Follows up on messages and ensures delivery of messages.
- Composes/types letters if requested by administration.

Essential Skills and Qualifications: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- High school diploma or GED or Associates Degree in Business.
- Preferred - Certified Professional Coder (CPC). Certified Coding Specialist – Physician (CCS-P).
- At least one year coding and billing experience in a medical office.
- Must successfully complete internal proficiency examination.
- Must have knowledge of physician specialty coding (e.g., family practice, OBGYN, Internal Medicine, Pediatrics).
- Knowledge of medical terminology, anatomy and physiology.
- Knowledge of ICD-9-CM (ICD-10), CPT-4, HCPCS and modifier usage.
- Knowledge of third party payer reimbursement policies and procedures.
- Ability to operate computer and other office equipment.
- Knowledge of coding and billing programs and ability to use coding and claims software.
- Knowledge of Electronic Medical Record system preferred, Athena and MA FQHC specific knowledge a plus.
- Spanish speaking/bilingual skills are a plus.

Physical Requirements:

- See ADA form

MEDICAL BILLER (PRINT NAME)	SIGNATURE	DATE

APPROVED BY:

MEDICAL BILLING MANAGER (PRINT NAME)	SIGNATURE	DATE