

Certified Biller/Coder-Medical Records Specialist (Combined position)

GENERAL DESCRIPTION:

Under the general supervision of the Clinical Director, and working as part of the Mascoma Community Health Center operations team, the Certified Biller/Coder-Medical Records is a billing and coding professional who will also oversee our medical records department. Integral to the business functions of our organization, the Biller/Coder-Records Specialist assures accurate coding of clinical documentation necessary for billing, and the timely filing of claims to insurers. He/she guides and educates the clinical team on billing and coding matters, and works closely with executive management on compliance and revenue generation. The medical records duties of this position include responsibility for the filing, scanning, and storage of patient documents, both within the electronic medical record, and as paper records; processing of various clinical paperwork as directed by clinical and administrative staff; and facilitating the receipt of requested patient records, as well as the sending of patient documents to outside organizations.

RESPONSIBILITIES:

Certified Biller/Coder:

- Assists in setting up MCHC's billing processes within our EMR, including payor coding "favorites," and other information
- Follows patient accounts through entire billing process from eligibility to completion of payment process
- Reviews provider documentation to identify coding, and that documentation supports diagnosis and procedure coding.
- Ensures that all appropriate documentation by providers has been submitted for accurate claims processing
- Performs medical billing and collection processes, including verification of insurance eligibility and benefits, obtaining pre-authorizations, entering ICD-10 coding, requesting payments, and resolving account issues.
- Contacts patients and insurance companies for payment requests, overdue payments, payments received in error, denied claims, and to arrange payment plans.
- Enters medical codes from patient charts for visits or procedures, and ensures compliance and correct coding practices.
- Enters coding for collections and on secondary claims.
- When necessary, provides customer service to patients by educating them on insurance policies, billing procedures, and coding issues. Calls patients and insurance companies to follow-up with account information.
- Assists other MCHC staff and providers with coding questions and/or researches for guidelines.
- Assists with answering telephone inquiries regarding billing and coding and provides information as requested
- Remains updated with current coding and billing practices and regulations and compliance regulations, including those specific to Federally Qualified Health Centers

Medical Records Specialist:

- Files all correspondence and patient information appropriately.
- Scans new documents into patient charts and assigns them to appropriate staff.
- Scans historical documents into patient charts as needed.
- Pull charts for next day appointments as needed until all charts are retired.
- Prepare charts for next day appointments.
- Provides back up to the Patient Services Representatives, including, but not limited to, answering telephones, taking messages and transferring calls.
- Photocopy records for outside requests in a timely manner.
- File documentation in paper patient charts when appropriate. (OB charts, color reports, etc.)
- Maintain all paper medical records neatly and in an organized system.
- Process all faxes (electronic and paper) in a timely manner.
- Monitor and obtain missing reports as needed. (ER reports, Consult reports, etc.)

Performance Improvement Functions:

- Reviews results of patient satisfaction surveys
- Reviews results of compliance, financial audits, both internal and external
- Reviews patient and payor complaints.
- Participates in initiatives to improve revenue generation through accurate and timely billing/coding practices, excellent customer service, and overall improved business operations.

General:

- Demonstrates an understanding of MCHC's mission in performing all aspects of the position.
- Demonstrates commitment to, and understanding of MCHC's Service Excellence Standards, by modeling service excellence in all internal and external relationships, addressing service excellence deficits in staff, and in performance of all duties and responsibilities of this position.
- Demonstrates a caring and helpful attitude when interacting with patients, payors, vendors, and fellow employees. Strives to build cooperative partnerships with internal and external customers.
- Expresses sensitivity to needs of culturally and linguistically diverse patient and employee population.
- Understands and is committed to maintaining highest level of confidentiality, and handles confidential information as defined in MCHC's policies.
- Performs all duties in support of successful EHR implementation and utilization.
- Demonstrates a pattern of continued learning, to ensure professional competency for performance of job
- Attends internal and external meetings, workshops, and conferences, and participates on task forces or committees, as necessary and/or required by MCHC, Inc.
- Provides additional assistance within and outside of the workplace, as requested and/or as appropriate, to ensure the ongoing success of the organization.
- Willingness and ability to work occasional evenings and weekends, as needed.
- Other duties or responsibilities as assigned.

MINIMUM QUALIFICATIONS:

- Minimum of High School diploma, with Associates Degree in Medical Office Procedure, Billing/Coding, or other related discipline, preferred
- Minimum of three to five years' coding/billing and records experience in a medical office or hospital setting
- Certification as a Certified Professional Coder (CPC)
- Experience and expertise in the assessment, diagnosis, and treatment of mental health and substance abuse disorders, including the utilization of known and proven therapeutic treatment modalities
- Experience in coding and billing with full EMR/practice management software utilization and the interface of a claims clearinghouse
- Experience in the organization of patient charts and records, both within an EMR and in paper form

PREFERRED QUALIFICATIONS

- Previous experience as a biller/coder and/or medical records specialist in a community or Federally Qualified Health Center
- Previous experience with dental coding.

PHYSICAL DEMANDS

- Must be able to sit for prolonged periods of time
- Must be able to lift and carry a reasonable amount of weight, e.g., 20-30 lbs. for short distances.
- Must have eye-hand coordination and manual dexterity sufficient to operate a normal complement of office equipment
- Normal range of hearing and eyesight required to record, prepare and communicate effectively
- Must be able to perform a combination of computer, telephone, and miscellaneous desk work
- Must be able attend meetings within clinic and at other organizations
- Unless otherwise stated, must perform duties for 40 hours per week, sometimes outside of normal business hours
- Must have valid drivers' license and provide own transportation to occasional offsite meetings and conferences

