City of Mesa – Fire and Medical

MEDICAL BILLER

JOB DESCRIPTION

Classification Responsibilities: A Medical Biller performs paraprofessional work involving ambulance billing, accounting, and collection processes. Responsibilities include: verifying patients' personal information (example: address, demographics, and insurance information); confirming insurance eligibility; requesting authorization; reviewing type of procedures performed such as basic or advanced life support, and entering diagnostic and procedure codes; reviewing supply usage for medical care and number of miles driven for transportation; entering data and converting information into an electronic patient care report (ePCR); processing and posting payments, adjustments, contractual allowances, and denials; running payment reports; monitoring account payment statuses; rebilling delinquent claims when needed; responding to internal inquiries regarding ambulance billing, accounts receivable, and collections; reviewing and analyzing metrics; generating and submitting paper and electronic claims to insurance companies; sending notices of privacy practices to patients; interpreting and applying covered and uncovered procedures, patients' deductibles, co-pays, or co-insurances from insurance companies; and performing complex claim corrections, appeals, and follow up with payers and patients. Additional duties include: responding to inquiries from patients, hospitals, and insurance payers regarding transport claims; setting up payment plans; reviewing hardship requests; explaining and educating patients on the billing process; may enter data and run reports in the Financial system (FIN); and assisting management with streamlining processes, procedures, and policy development. This class is also responsible for performing related duties as required.

Distinguishing Features: An employee of this class is expected to routinely communicate with patients, families, hospitals, insurance companies, partner agencies, Paramedics, and Emergency Medical Technicians (EMT). Supervision is received from the Medical Billing Supervisor with work evaluated through reports, conferences, and results achieved. This class is FLSA nonexempt.

QUALIFICATIONS

Employee Values: All employees of the City of Mesa are expected to uphold and exhibit the City's shared employee values of Knowledge, Respect, and Integrity.

Minimum Qualifications Required. Any combination of training, education, and experience equivalent to graduation from an accredited college or university with an Associate's Degree in Accounting, Finance, or closely-related field. Two years of experience in medical or ambulance billing and medical coding.

Special Requirements. Must not be on the Office of Inspector General (OIG) list of Excluded Individuals/Entities (LEIE).

Substance Abuse Testing. None.

Preferred/Desirable Qualifications. Experience with Medicare/Medicaid regulations and laws is preferred. Experience with ICD (International Statistical Classification of Diseases and Related Health Problems) coding is preferred. Certified Ambulance Coder Certification and/or National Ambulance Association Coder Certification is highly desirable.

ESSENTIAL FUNCTIONS

Communication: Establishes and maintains positive, effective working relationships with customers and patients, insurance companies, department members and management, other City of Mesa staff, and partner agencies. Effectively communicates with patients regarding their medical/ambulance bills and insurance payers regarding patient's insurance eligibility, authorization, and billing invoice. Communicates with the Civilian Paramedics and EMTs to obtain patient's transportation documentation such as demographics, insurance, pickup and drop off locations, mileage, and medical services and supplies provided to prepare claims for ambulance billing. Explains the ambulance billing and collections process to patients. Maintains the confidentiality of patient information.

Manual/Physical: Uses computers, electronic patient care reporting software, and phone primarily to communicate with others and to enter patient care reporting and transportation documentation. Researches and verifies patient demographics and insurance information. Confirms insurance eligibility and authorization. Reviews medical procedures performed by EMTs and Paramedics, supply usage for medical care, and mileage driven for transportation to prepare claims. Enters diagnostic and procedure codes for billing. Converts information into an ePCR using appropriate software. Generates paper and electronic claims. Performs complex claim corrections, appeals, and follow up to patients and payers. Processes and posts payments, adjustments, contractual allowances, and denials to patient's accounts. Sets up payment plans. Monitors account payment statuses. Enters data and runs reports in FIN. Participates in ambulance billing related programs and training, as well as other department activities. Meets scheduling and attendance requirements.

Mental: Reviews and analyzes metrics involving payments and service levels. Interprets and applies covered and uncovered procedures, patient's deductibles, co-pays, or co-insurance information from insurance companies. Comprehends medical terminology and diagnostic codes. Comprehends and complies with Arizona law, Medicare, Medicaid, and Arizona Health Care Cost Containment System (AHCCS) regulations and laws, and Department and City policies and procedures. Reviews overpaid accounts and hardship requests. Assists management with streamlining processes, procedures, and policy development. Learns job-related information from written materials, on-the-job training, and classroom settings.

Knowledge/Skills/Abilities:

Knowledge of:

Medicare, Medicaid, and AHCCS rules and regulations, and Arizona laws;
medical procedures and diagnostic codes;
medical and/or ambulance billing process;
accounting and bookkeeping practices; and
personal computer (PC) and ePCR software applications related to ambulance billing.

Skill in:

identifying and entering basic life support (BLS) and advanced life support (ALS) patient carediagnostic codes;
accounting practices and ambulance billing; and
communicating with patients, hospitals, insurance companies, and partners.

Ability to:

effectively work with the patients, hospitals, insurance companies, Civilian Paramedics, and EMTs;
understand and perform in accordance with Medicare, Medicaid, and AHCCCS regulations and laws, and departmental policies;
follow Health Insurance Portability and Accountability Act (HIPPA) and medical laws;
understand and enter diagnostic and medical codes into billing software;
use computerized accounting systems and software;
understand and enter data into the ePCR;
understand medical terminology and diagnostic procedures;
maintain financial records, and prepare reports and financial statements for patient's bills and department records;
make mathematical calculations accurately;
maintain the confidentiality of patient information; and
meet established deadlines.

The duties listed above are intended only as general illustrations of the various types of work that may be performed. Specific statements of duties not included does not exclude them from the position if the work is similar, related, or a logical assignment to the position. Job descriptions are subject to change by the City as the needs of the City and requirements of the job change.

Revised 7/24
AD/js/ah

CS4309.DOCX	PAY GRADE: 46
EEO-Para	IND-8810
JOB FCTN-FIN	SWORN-No
INCREMENTS 29-200	