

Reddy Medical Group
D/B/A **Reddy Urgent Care**

BILLER JOB DESCRIPTION

Job Title: Biller

Supervisory Responsibility: No

Reports To: Revenue Cycle Manager

Job Purpose: customer service, collections, understanding of billing claims, denial, EOB's, lockboxes.

Goals: Decrease A/R and increase revenue. Understand billing from beginning to the end.

Job Description and Duties:

- Daily Closes: Reviews all daily closes for accurate payment posting and balancing. This also includes counting down drop slot safe, making deposits, counting/verifying petty cash bags.
- Lock Box: Posts all payments in each daily lock box and work denials.
- Wellcare/Amerigroup/Peachstate Remits: Posts all payments and work denials.
- Resource Schedule: Work upcoming scheduled appointments for all locations to make sure any accounts that have balances are addressed to patient accordingly so front desk can collect amount due or set up budget agreements as needed. This includes working claim denials on the accounts, resubmitting electronic/paper claims & entering claims on Medicaid web portal.
- Patient Statements: Generate monthly statements for all patients w/ balances due.
- Patient Collections: Moves/monitors accounts into appropriate collection cycles, moves each account thru appropriate collection stage & if necessary, to outside collections.
- Mail requests/payment: Posts any paper checks, insurance requests, etc that come thru the mail accordingly.
- EFT Posting: ePost payments according to EFT log verification and work denials accordingly.
- ERA Payer Denied Bucket: Work and maintain claims w/ ERA Payer Denied status.
- AR: Work AR reports assigned.
- Medicaid Remits: Posts all Medicaid payments and works denials
- Medicaid AR: Work all Medicaid (including Medicaid RHC) claims still sitting w/ an outstanding balance, i.e. denials, corrected claims etc.
- Print HCFA bucket (process work comp, company account invoices & secondary claims. This includes printing primary EOB's that are to be submitted w/ secondary claim.
- Obtain Medicaid authorizations for additional visits.
- Answer front desk billing questions.
- Assist with prolia and synvisc authorizations when needed.
- Scrub Claims: Changing the provider/patient encounter into a claim. Reviewing coding on each encounter to ensure every claim is accurately coded and all charges are billed out appropriately.
- Lock Box Log: Enters Lock Box onto log, log is located in "Manager's Docs". This is done once the Lock Box has been posted and scanned in.
- Hospice/Home Health/Nursing Home: Input charges/ scrub claims.
- No Show Fees: Inputs/create charges/claims for patient's that do not show up or do not call to cancel appointment. (2012 office policy states \$25.00 charge for no show's)

- Claim Submissions: Daily submissions of all electronic claims to clearinghouse for processing.
- Clearing House Rejections: Work/correct all claims submitted electronically that have rejected.
- ERA Download: Download all ERA's on a daily basis.
- Medicare RHC: Work RHC bucket accordingly to split claims and proper billing of claims.

**Any training/cross-training for other areas are included in job description, i.e. front desk, phone counsel, etc. **

Job descriptions are based on Reddy Medical Group, LLC standard operating procedures. Although each employee is hired under a specified job description, this does not exclude him/her from having working knowledge of all other areas of the office and other staff positions.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice at the discretion of management.

IT IS THE RESPONSIBILITY OF ALL PERSONNEL TO PROVIDE FOR PATIENT COMFORT AND EFFICIENT OPERATION OF THE OFFICE