



JOB DESCRIPTION: Accounts Receivable Clerk

REPORTS TO: Accounts Receivable Manager

DEPARTMENT: Finance

POSITION SUMMARY

The Accounts Receivable Clerk supports the Accounts Receivable Manager by

- Maintaining billing records, updating accounts for insurance and billing information, and payments and adjustments made
- Maintaining changes in billing status, prints and sends statements and billing inquiries. Making payment arrangements, collecting accounts, monitoring and pursuing delinquent accounts.
- Compiling service data, sending invoices for claim statements, maintaining accurate statement records and reviewing claims in a timely manner, as established by Agency protocol
- Timely response to payor information requests and Medicare Credit Balance Report submission

Skills:

Time management, organization, attention to detail, documentation skills, analyzing information, general math skills, conflict resolution, and computer skills

Qualifications:

- High School graduate or equivalent
- Two years billing experience in a medical office, hospital, outpatient clinic, or other health care setting preferred
- 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.

Duties:

- Call to confirm what form each insurance carrier prefers for their bills and method of transmission (fax, electronic transmission, standard mail) and notate in Comm Notes. When following up on a specific invoice, Make note in the Invoice note which will print on the Collection Summary Report bill form (UB-04, 1500, Generic, etc.)
- Document any screen shots, call reference numbers, who was spoken with, when, and what department
- Call, email, fax information to expedite the processing of claims for the insurance
- Maintain monthly statement preparation and mailing for private duty and self-pay cycle billing.
- Assist in using the 360 Aging and the Collections Summary reports to identify and address the 1) Greatest dollar amount outstanding and 2) the oldest balances outstanding



- Work on ADR's to ensure the documents are sent completely to the correct department and then document what was sent when in the Comm Notes
- Assist with Payments and EOB process
 - Scan each document into each patient's chart under Insurance Correspondence
 - Enter in "Cash Receipt" for each payment in Home Solutions or notify Consolo Billing partner of deposit information for them to post.
 - Notify billing / EOB group of the scanned documents for their closer scrutiny and action.
- Submits information regarding all claim denials to immediate supervisor in a timely manner.
- Prepare requested documentation for all payors within requested time frame. Mails requested documentation via certified mail, with receipt requested.
- Utilize collection agencies and small claims court to collect accounts by evaluating and selecting collection agencies determining appropriateness of pursuing legal remedies
- Verify Medicare HIC numbers and all other insurance information and refer information to Agency staff
- Complete additional projects as requested, within the time frame specified
- Maintain work operations by following policies and procedures; reporting compliance issues.
- Protect Agency's value by keeping collection information confidential

Contacts: Agency staff, volunteers, staff members, patients, family members, insurance agencies, hospital/facility personnel, the general public

Physical Demands: Physical exertion—walking, lifting, pulling, computer work

Environmental Conditions: Exposed to products used in the office, i.e, printers, computers, dust, etc.

Working Conditions: Periods of stress—variable workloads and deadlines

HomeCare & Hospice of the Valley is an equal employment opportunity employer committed to non-discriminatory employment practices and patient services.

Non-exempt position

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