

CREDIT AND COLLECTION ANALYST - HOSPITAL

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, incumbents of this class are responsible for interviewing patients and/or their relatives to evaluate the patient's coverage for payment of their medical treatment and to determine the method of payment/reimbursement to the Westchester Medical Center. This involves coordination with other WMC divisions to verify length of hospitalization, diagnosis, and services rendered, which is used to determine the cost of stay. Work also involves establishing relations with providers including Blue Cross/Blue Shield, Workers Compensation, private insurance carriers, Medicare, and Medicaid to verify the patient's eligibility for coverage, the portion of the cost which is reimbursable and establishing methods for follow-up on all third-party billing. Supervision may be exercised over lower level clerical support staff. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Interviews patients to determine their medical coverage, methods of payment, and to secure all required signatures and authorizations;

Obtains pertinent data regarding third party insurance coverage in accordance with established procedures;

Refers patients in making application for Medicaid coverage for patients in need of medical assistance;

Works with Social Services Department to verify Medicaid eligibility of patients in need of medical assistance;

Prepares payment plan if appropriate;

Refers to clinic and admission records and other related forms to provide insurance carriers and third party reimbursement agents with complete data of medical cost incurred by patients;

Confers with physicians or other hospital staff members to clarify patient diagnosis, services rendered or other information needed for submission to third party payers;

Reviews denials of benefits from third party payers and takes action to appeal or secure payment on behalf of patient;

Takes appropriate action to collect unpaid bills, either directly via a payment plan, or through referral to a collection agency;

Uses computer applications or other automated systems such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments;

Accesses protected health information (PHI) in accordance with departmental assignments and guidelines defining levels of access (i.e. incidental vs. extensive)

May perform other incidental tasks, as needed.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Good knowledge of the various forms of medical coverage available for the payment of hospital services to patients, their methods of payment, and coverage limitations; good knowledge of the practices and procedures used for billing and collection from third party reimbursement agencies for the payment of hospital services to patients; familiarity with the functions of hospital admitting, medical records and utilization review, particularly as they impact reimbursable costs; skill in making arithmetic computations; ability to interview patients and/or their families to be able to extract information about their medical coverage or eligibility; ability to plan and follow-up on payment schedules with patients on services determined as self-pay; ability to establish and develop effective working relations with other hospital divisions and with third party reimbursement agencies; ability to effectively use computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments; ability to read, write, speak, understand, and communicate in English sufficiently to perform the essential duties of the position; good judgment; tact; initiative; resourcefulness; physical condition commensurate with the requirements of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: High school or equivalency diploma and four years experience where the primary function was credit and collection, billing, loans, insurance or similar work, two years of which must have been in or for a hospital patient accounts unit.

SUBSTITUTION: Satisfactory completion of 30 credit hours* of post high school education may be substituted on a year for year basis for the general experience up to a maximum of two years.

SUBSTITUTION: Experience which involved direct liaison with managed care agencies, that included processing referrals, precertifications and required authorizations, may be substituted for the hospital patient accounts experience on a year for year basis up to the two years required.

NOTE: Unless otherwise noted, only experience gained after attaining the minimum education level indicated in the minimum qualifications will be considered in evaluating experience.

*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education Department as a post-secondary, degree-granting institution.