

INSURANCE CLERK

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, an incumbent of this position processes insurance claims to third party health carriers for billing of medical services provided to patients at Westchester Medical Center. Responsibilities include initial billing, investigation and reconciliation of problem claims, maintaining automated accounts, filing, and other clerical tasks. Supervision is not a responsibility of this class. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Prepares and submits claims to third party payors to obtain reimbursement for patient care;

Enters and reconciles billing and payment data on an automated system to maintain and update receivable status of patients' account;

Makes inquiries of medical records and admitting staff for clarification of diagnosis, insurance coverage or for other details necessary for the completion of required forms and maintenance of records;

Interacts with the Admitting Office, Business Office, or Medical Records Department to provide updated billing information;

Communicates with carriers and other third party payors by means of correspondence or by telephone to determine proper billing and receivable status;

Maintains and updates files and patient records with pertinent billing information;

Works with Credit and Collection staff to ensure reimbursement from third party payers;

Reconciles balances for bookkeeping purposes and transmits data for further processing;

Maintains complete files of billing accounts consisting of medical diagnosis and other information needed for billing;

Handles routine billing inquiries from patients, third party payors and other hospital staff;

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 hospital billing procedures; familiarity with procedures involved in processing, and in the general type of information required by health and hospital insurance carriers; familiarity

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: (Con't)

with medical terms; familiarity with the general functions of a hospital organization; ability to communicate effectively both orally and in writing; ability to perform mathematic calculations using a computer; ability to use computer applications such as spreadsheets, word processing, e-mail and database software; ability to read, write, speak, understand, and communicate in English sufficiently to perform the essential duties of the position; initiative; tact; good judgment; physical condition commensurate with the demands of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: High school or equivalency diploma four years of clerical experience, one year of which included the processing of patients' medical insurance claims as the primary function of the position.

SUBSTITUTION: Satisfactory completion of 30 college credits* may be substituted for the general experience at the rate of 30 credits per year. There is no substitution for the one year of specialized experience processing patients' medical insurance claims.

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.