STAFF ASSISTANT (REIMBURSEMENT)

<u>DISTINGUISHING FEATURES OF THE CLASS</u>: Under general supervision, an incumbent performs a variety of administrative and clerical support functions to facilitate the accurate, complete and timely receipt of all information necessary for supporting third party (insurance) reimbursement. Employees oversee and ensure the immediate input of third party reimbursement information at intake and will resolve any issues that prevent timely completion of claims processing. Incumbents also ensure the accuracy and timeliness of information received from service coordinators for prompt generation service authorization for the purpose of expediting the recovery of funds. Supervision may be exercised over clerical staff. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Supervises the accuracy and currentness of eligibility information entered into an automated system;

Ensures patients are properly registered, through communication with clinic registration staff, and all required information is entered correctly;

Ensures, through an oversight function, timely notification of insurers of each new patient for whom claims may be submitted;

Respond to requests for additional information and pre-authorization from insurance companies to complete processing of claims.

Works to increase patients' understanding of the insurance process, and to minimize instances of patient non-participation in applicable insurance programs;

Assists in the development of contracts with Medicaid managed care companies and private insurance companies;

Works with private insurance carriers and third party payers to resolve any discrepancies in order to secure the maximum reimbursement for services;

Keeps abreast of changes in payment methodologies, eligibility criteria, rates of reimbursement, data requirements and internal changes and communicates these changes to staff;

Incorporates and updates billing codes through cooperation with programmatic staff, clinical staff and electronic health record system contractors;

Prepares reports to measure the effectiveness of third party reimbursement recovery activities;

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

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

May perform other incidental tasks, as needed.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Good knowledge of the methods and procedures used for billing and collection from third party reimbursement agents; good knowledge of insurance terminology; good knowledge of procedures involved in claims processing; good knowledge of the general type of information required by health (and hospital) insurance carriers; knowledge of reimbursement methodologies; ability to communicate effectively, both orally and in writing; ability to establish and maintain effective working relationships with patients, insurance companies, service coordinators, and clinical staff; ability to develop and update operational procedures as they relate to recovering third party reimbursement; ability to read, write, speak, understand, and communicate in English sufficiently to perform the essential duties of the position; ability to use computer applications such as spreadsheets, word processing, e-mail and database software; dependability; initiative; resourcefulness; good judgement; tact; physical condition commensurate with the requirements of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: High school or equivalency diploma and either (a) five years of work experience, which included one year of experience where the primary function of the position was either in insurance, credit and collection, billing or third party reimbursement, or (b) five years of clerical, or staff or administrative support experience**, one of which involved insurance, credit and collection, billing or third party reimbursement.

<u>SUBSTITUTION</u>: Satisfactory completion of 30 credits* may be substituted on a year for year basis for up to four years of the above general experience. There is no substitution for the one year of specialized experience.

*DEFINITION: Clerical experience is characterized by activities that involve the performance of routine office tasks, such as the keeping of records and accounts, correspondence, recording/entering (keying) and retrieving data and/or information, in accordance with prescribed procedures.

**DEFINITION: Staff or administrative support experience is defined as providing support or back-up functions to higher level administrators in areas such as: office management; participation in budget preparation and monitoring; payroll and personnel type functions; involvement in the development and/or review of department-wide practices and procedures; evaluating departmental operations; participation in planning; financial recordkeeping, accounting, or management activities; purchasing; public relations, community relations, public information activities; and other similar functions. "Line" functions involved in the delivery of services would not be qualifying experience.

<u>SPECIAL NOTE</u>: 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.

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

West. Co. Job Class Code: C3246

J.C.: Competitive Job Group: VIII

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