



Advanced Physician Solutions

Medical Claims Submission Specialist Lvl I

General Description:

The medical billing specialist for Organizational Group 1 provides basic knowledge and skills of the medical billing processes and requirements as it pertains to the entry and communication of medical claim data to medical insurance carriers. Daily responsibilities of individuals in this job role will include but is not limited to: retrieving information required for posting charges and associated co-pay payments; submitting claims; and follow up with clearing house failed claims and payer (audit trail) reports.

The Level I Specialist operates within an introductory level of knowledge and skills in computer operation, medical claims processing fundamentals and basic medical coding.

Supervision Received:

Group lead provides day to day workload and task supervision as well as makes initial evaluation recommendations.

Director of Human Resources or Director of Operations (according to availability) provides evaluation and employee issue and disciplinary oversight and works in conjunction with group leads to ensure operational consistency.

Tasks Summary:

- I. Prepares clean claims through for entry and submission through the appropriate billing software and submits to various insurance companies either electronically, by paper, or direct to website.
- II. Corrects and re-submits failed claims either thru the clearinghouse or from the practice management system.
 - a. Failed claims corrected thru the clearing house must also be corrected in the practice management (PM) system (but not re-submitted from the PM system).
 - b. Failed claims corrected and re-submitted thru the PM system must be deleted from the clearing house.
- III. Processes clearinghouse/system generated returned/rejected claims by reviewing, correcting and resubmitting clean claims.
- IV. Answers questions from patients and insurance companies.



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- V. Participates in education activities and attends staff meetings.
- VI. Conducts personal behavior and dress and appearance in accordance with Advanced Physician Solutions' employee handbook.
- VII. Maintains strict confidentiality with regards to both company and patient clinical information and adheres to all HIPAA guidelines/regulations.
- VIII. Independently troubleshoot issues and provide appropriate solutions.
- IX. Takes ownership of and elevates issues to appropriate group leads or team members to assist in following issues through to resolution.
- X. High degree of client relationship development and quality support is expected in order to provide the highest degree of client satisfaction.
- XI. Appropriate behavior and supportive actions are expected with regards to internal and external customers as well as coworkers.
- XII. Intrinsic adoption of the core values, mission, vision and strategic goals of Advanced Physician Solutions is a must.
- XIII. All other tasks as assigned by management and leadership.

Requirements:

This position will require an individual who has a basic knowledge of the medical claims submission process, computer programs, business office procedures, basic medical coding and third-party payer operating procedures and practices; who has the ability to operate a computer, calculator and other basic office equipment; the ability to operate a multi-line phone system; has skills in answering a telephone in a pleasant, helpful, and professional manner; has the ability to read, understand and follow oral and written instructions; has the ability to establish and maintain effective, professional working relationships with patients and co-workers. This individual must be well organized and detail-oriented. The ability to apply troubleshooting skills and provide appropriate resolutions is essential.

Because Advanced Physician Solutions Inc. caters to the healthcare community, individuals who have an understanding of healthcare operations, especially within the physician practice environment will be well equipped to handle as well as adapt to the challenges this position dictates.

Physical requirements of the job include the ability to sit or stand for long periods of time based on the situation and the ability to effectively use a computer and other required technologies.



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Occasional over-time may be required and/or hours may be changed or shortened as business needs indicate.

Values and traits of individuals successful in this career path are individuals who have a desire to continually learn, are well organized, detail-oriented, a self-starter and team player.

Education & Certifications that enhance job function and support career progression:

Required Education:

- High School diploma or GED.

• **Supplemental Education:**

- AAS, BS or MS Degree
- Online and other sources of Medical Billing/Coding Training

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Certifications:

- CPC – Certified Professional Coder
- CPC-H – Certified Professional Coder-Hospital
- CPC-P – Certified Professional Coder-Payer
- Certificate in Medical Terminology
- Certificate in Medical Billing/Coding

MEMBERSHIPS:

- AACP (American Academy of Professional Coders)

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This description is intended to provide only basic guidelines for meeting job requirements. Responsibilities, skills, and working conditions may vary as organizational needs evolve.