



Advanced Physician Solutions

Transaction Posting/AR Specialist Level I

General Description:

The Transaction Posting/AR Specialist provides basic knowledge and skills of the medical billing processes and requirements as they pertain to the entry of payments and other transactions as well as the management of the Accounts Receivable lifecycle. Daily responsibilities of individuals in this job role will include but are not limited to: Filing of all secondary claims; review and follow-up within a timely period, all unpaid insurance claims and following through to payment/final claim reconciliation, post insurance and patient payments; assist clients and their patients with billing questions and to remain up to date on all current medical billing, coding regulations as well as keeping current with current third party payer trends and policies and ensuring sharing of information across teams.

The Transaction Posting/AR Specialist operates within a basic level of knowledge and skills in computer operation, medical claims processing AR lifecycle management 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. Preparation and deposit of insurance and personal payments received by mail.
- II. Verification of electronic deposits with clients.
- III. Retrieval of third party electronic payment notifications (Electronic Remittance Advice) from Payerpath or Tiger.
 - a. **Electronic posting**
 - i. Print invalid claims report and post monies and denials from this report.
 - ii. Monies from valid report and invalid should be matched to and balance with deposit amounts.



Advanced Physician Solutions

- b. **Manual posting** (also applies to Explanation Of Benefits or Remittance Advices received through the mail)
 - i. Insurance rejections/denials are also keyed.
 - ii. Any denials that require follow up are done immediately.
 - iii. Receipt summary total should match deposit total.
- IV. Work applicable Accounts Receivable reports on all clients as distributed by group lead within deadlines set by group lead.
 - a. Aged Outstanding Claims (unpaid claims report).
 - i. Claims over 30 days old:
 - 1. Call insurance carriers to evaluate claim status
 - 2. Notes should be entered in client's billing system notating why claim has not been paid by carrier.
 - b. COB Wait Report (secondary claims awaiting payment from the primary carrier).
 - c. Overpaid ticket report (tickets overpaid by insurance and write-offs).
 - d. Unallocated Money (unallocated monies available to post against patient balances).
 - e. Return address report.
 - V. File all secondary claims, both electronic and paper.
 - VI. Answers questions from clients, their patients and insurance companies.
 - VII. Responsible for End of Month process.
 - VIII. Participates in education activities and attends staff meetings.
 - IX. Conducts personal behavior and dress and appearance in accordance with Advanced Physician Solutions' employee handbook.
 - X. Maintains strict confidentiality with regards to both company and patient clinical information and adheres to all HIPAA guidelines/regulations.
 - XI. Independently troubleshoot issues and provide appropriate solutions.



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- XII. Takes ownership of and elevates issues to appropriate group leads or team members to assist in following issues through to resolution.
- XIII. High degree of client relationship development and quality support is expected in order to provide the highest degree of client satisfaction.
- XIV. Appropriate behavior and supportive actions are expected with regards to internal and external customers as well as coworkers.
- XV. Intrinsic adoption of the core values, mission, vision and strategic goals of Advanced Physician Solutions is a must.
- XVI. All other tasks as assigned by management and leadership.

Requirements:

This position will require an individual who has a basic knowledge of the revenue cycle management process, computer programs, business office procedures, basic medical coding and third-party payer operating procedures and practices. Individual must have the ability to operate a computer, calculator and other basic office equipment. The ability to operate a multi-line phone system and skills in answering a telephone and dealing with our clients' patients in a pleasant, helpful, and professional manner is a must. Has the ability to read, understand and follow oral and written instructions; has the ability to establish and maintain effective, professional working relationships with clients 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 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. Occasional lifting of < 50lbs, bending or squatting may be required.

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.



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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 or Collections Training

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)

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