MASON CITY CLINIC
Job Description

Job Title: Provider Enrollment & Claims Processing Specialist **FLSA Status:** Non-Exempt

Department: Data Processing   **Employee Group:** Non-management

General Summary:

Under general supervision is responsible for completing and monitoring enrollment paperwork to credential new providers with various insurance companies with which the organization participates and also completes the revalidation process. Maintains and updates the facility enrollment list. Maintains practice management/electronic medical record (PM/EMR) system database with employed and referring provider information, facilities, practice locations, and insurance payors. Releases claims for submission to insurance company once credentialing is completed. Enrolls new payers with the EDI Clearinghouse and monitors dashboard, alerting appropriate staff when bulk recoupments or reprocessing errors by a payor is posted. Files insurance daily and reviews rejected claims returned from the daily insurance filing, corrects minor errors identified and resubmits claim for processing or directs returned claim to appropriate staff to review, correct and resubmit. Researches improperly processed or paid claim and resolves when possible or forwards to appropriate person for further research and resolution. Processes the weekly statement filing and uploads to the statement processing company, monitors reports, and assists with any research on statement issues or statement delivery questions. At the request of department manager, researches payment by CPT to determine appropriate fee schedule reimbursement was obtained, and identifies areas that need further analysis. Develops edit rules and submits to claim scrubber software vendor and tests to ensure the edit works as requested before notifying staff that edit is in place.

Principal Duties and Responsibilities

Credentialing:
1) Completes enrollment paperwork in order to credential new providers with the insurance companies that MCC is responsible for direct credentialing.

2) Monitors enrollment paperwork and process to credential new providers with the insurance companies that are processed through delegated credentialing.

3) Documents and distributes each health plan provider numbers as received from government payors and delegated payors.

4) Tracks enrollment process with payors and follows up on outstanding confirmations, working with payors toward resolution.

5) Researches non-payment of services for providers because of credentialing issues, working to resolution.

6) Enrolls MCC with out-of-state Medicaid programs. Tracks facility enrollment, and once completed, documents enroll information.

7) Maintains facility enrollment list; updates with changes as needed.

8) Completes insurance company's revalidation process for organization and organization's providers.

9) Monitors claims held pending payor credentialing; releases claims for submission upon receiving credentialing notification.

10) Monitors missing fee tickets.

11) Processes daily desktop deposit.

Claims processing:

12) Enters new providers into the practice management/electronic medical record (PM/EMR) system database and completes the set-up process including attaching fee schedules to the provider.

13) Enters referring providers into the PM/EMR system database. In doing so, researches their NPI, organization name and address.

14) Enters new facilities or practice locations into the PM/EMR system database. In doing so researches how they are licensed to determine facility type and NPI.

15) Enters payors into the PM/EMR system database. This includes government and commercial insurance companies, work comp, liability and business accounts. In doing so, researches their payer ID's for electronic filings.

16) Enrolls new payors with the claims processing Clearinghouse (EDI).

17) Enters payer literals, insurance non-payment codes, for payment entry.

18) Monitors the EDI (claims processing Clearinghouse) dashboard for information on our claims and remits. Alerts data processing, business office PARs and manager when bulk recoupments or reprocessing errors by a payor is posted.

19) Files insurance daily, both primary and secondary insurance claims.

20) Reviews rejected claims returned from the daily insurance filing. Corrects minor errors identified and resubmits claim for processing or directs returned claim to Patient Account Representative (PAR) or Coder to review, correct and resubmit.

21) Prints paper claim forms (HCFAs) daily.
22) Communicates with Clearinghouse on any claims filing issues and works to resolution.

23) Exports remit for payment entry if a remit stops in process.

24) Assists with any payment posting issues.

25) Researches any issues relating to improperly processed or paid claims. Resolves when possible or forwards to appropriate person for further research and resolution. Logs issues with PM/EMR company when problem appears to be system related

26) Processes the weekly statement filing and uploads to the statement processing company. Monitors reports from the statement company. Assists the PARs with any research on statement issues or statement delivery questions.

27) Voids duplicate and incorrect hard closed tickets.

28) At the request of department manager, researches payment by CPT to determine appropriate fee schedule reimbursement was obtained. Identifies areas that need further analysis.

29) Develops edit rules and submits through SR request to claim scrubber software vendor and tests to ensure the edit works as requested; notifies respective staff when edit is in place.

30) Responsible for maintaining contracts with private insurance companies and keeping a correlating spreadsheet up to date with term date of said contracts.

31) Responsible for monitoring the updated fee schedules and updating the fees linked to the CPT codes in the EMR system.

32) Actively participates in the process improvement initiatives and seeks to identify and resolve issues through teamwork and collaboration.

33) Additional projects or duties as requested by Clinic Managers.

Knowledge, Skills and Abilities Required:

Education: Ability to read, write, comprehend and follow multiple verbal and/or written instructions, basic knowledge of word processing and spreadsheet software, keyboarding and the ability to perform basic arithmetic calculations in order to perform the duties described above at a level normally acquired through completion of two years of post-high school courses, healthcare related field preferred.

Work Experience: Minimum one-year prior experience working in healthcare; patient accounting, medical billing and data processing experience preferred.

Other specific necessary skills: Demonstrated knowledge of Medicare, Medicaid, insurance, liability and other payment methods. Demonstrated knowledge of HIPAA compliance practices. Ability to prioritize and manage time effectively with changes in work environment, procedures, priorities and job duties. Proficient in Microsoft Office programs, including excel & word processing. Ability to type and ten-key data quickly and accurately. Accurate and detail oriented.

Communication & Interpersonal skills: Excellent written and verbal communication skills and strong interpersonal skills to effectively communicate with all levels of personnel both internal and external to the organization and work effectively with others on the team.

Analytical Skills: Strong analytical skills in order to analyze payments in relationship to fee schedules; recognize and resolve problems with data submissions and to review data to identify trends.

Working Conditions:

Works in a normal office environment where there are few, if any, physical discomforts due to dust, dirt, noise and the like.

Reporting Relationships:

Reports to the Business Office Manager.

Approvals:

_____   _____

Department Manager   Date

_____   _____

Administrator   Date

The above is intended to describe the general content of and the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.
Created: 11/2015
Updated 9/2017

WORKING CONDITIONS AND PHYSICAL DEMANDS WORKSHEET

Date: **10/2017**

Job Title: Provider Enrollment & Claims Processing SpecialistDepartment: Data Processing

1. Physical Activities

Activity	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
Balancing	X					
Bending			X			
Climbing			X (stairs)			
Crawling	X					
Crouching		X				
Kneeling		X				
Reading						X
Sitting						x
Squatting		x				
Standing					X	
Stooping	x					
Walking					X	

2. Lifting and/or Pushing and Pulling

Weight	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
0-10 pounds		X				
10-20 pounds		X				
20-30 pounds	X					
30-60 pounds	X					
Over 60 pounds	x					

3. Carrying and/or Pushing Pulling

Weight	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
0-10 pounds		X				
10-20 pounds		x				
20-30 pounds	X					
30-60 pounds	X					
Over 60 pounds	x					

4. Visual Activity

Level	Yes	No	Comment
Near Vision	X		
Far Vision	X		
Depth Perception	X		
Fine Discriminate Detail	X		
Color Vision	X		
Field of Vision	X		

5. Auditory Activity

Level	Yes	No	Comment
Distinguish Sounds	X		
Distinguish Pitch		X	
Distinguish Tone		x	
Hear Speech	x		

6. Sensory Activity (Touch & Smell)

Level	Yes	No	Comment
Distinguish Hot & Cold		X	
Distinguish Range of Temperature		X	
Distinguish Surfaces		X	
Fine Motor Skills to Grasp	x		
Manual Dexterity	x		
Detect Odors		X	
Distinguish Odors		x	

7. Verbal Activity

Level	Yes	No	Comment
Make Sounds	X		
Form Words	X		
Speak Loudly		x	
Speak Softly	x		

8. Mental Activity

Activity	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
Performing detailed tasks (bookkeeping, transcribing, etc.)						x
Subjected to interruptions					x	
Subjected to changing work priorities					x	

9. Hazardous Conditions

Activity	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
Exposure to marked changes in temperature & humidity	x					
Exposure to electrical shock	x					
Exposure to vapor, fumes & gases	x					
Exposure to radiation	x					
Exposure to infectious disease	x					
Driving automotive equip.	x					
Exposure to weather elements	X					