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REDMOND FIRE & RESCUE

JOB DESCRIPTION

POSITION TITLE: **Ambulance Billing Specialist**
DEPARTMENT: **Administration**
FLSA STATUS: **Non-Exempt**
EMPLOYEE GROUP: **Confidential/Non-Represented**

PURPOSE OF POSITION

This position performs ambulance billing and revenue cycle functions for Redmond Fire & Rescue, including review of patient care documentation, medical coding, claim submission and follow-up, payment processing, account resolution, collections, and maintenance of ambulance billing records. The position routinely handles confidential medical and financial information and applies applicable federal, state, and payer requirements related to ambulance billing and reimbursement.

The Ambulance Billing Specialist also serves as a resource to District personnel regarding documentation and billing requirements and provides administrative support to District operations as needed.

ESSENTIAL JOB FUNCTIONS

Essential duties and responsibilities include, but are not limited to, the following:

Maintains current knowledge of and complies with applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), as well as payer requirements and industry practices related to ambulance billing, coding, collections, reimbursement, and the confidentiality of protected health information.

Reviews patient care documentation for completeness and billing accuracy and coordinates correction of deficiencies through the established chain of command.

Determines appropriate payer responsibility; establishes and maintains payer information and enrollment; obtains required payer authorizations and supporting documentation; assigns applicable ambulance billing codes; and enters patient, insurance, financial, diagnostic, and statistical information into the billing system.

Prepares and electronically submits claims to Medicare, Medicaid, commercial insurers, and other responsible parties in accordance with applicable requirements and filing deadlines.

Monitors and follows up on outstanding, rejected, and denied claims; communicates verbally and in writing with patients, insurance carriers, third-party payers, attorneys, healthcare providers, and other parties as necessary to resolve billing issues and expedite reimbursement.

Posts and reconciles payments to ambulance accounts and reconciles billing system receipts to District bank deposits. Prepares and submits payment and deposit documentation to Finance for accounting

and financial reconciliation. Reviews patient invoices for accuracy prior to distribution and processes refunds and write-offs for manager approval.

Manages delinquent patient accounts in accordance with District policy and applicable laws, including establishing payment plans, monitoring account status, determining when accounts qualify for collection referral, and preparing qualifying accounts for referral to collections.

Ensures all correspondence and supporting documentation related to patient accounts is appropriately scanned, indexed, and attached to the applicable account to maintain a complete and readily retrievable designated record set.

Responds to ambulance billing inquiries, record requests, and complaints and routinely handles confidential medical, financial, and personally identifiable information in accordance with HIPAA, public records requirements, and other applicable confidentiality and disclosure laws.

Participates in healthcare billing seminars, meetings, and other educational opportunities to support continued professional development. Educates field personnel on regulatory and billing changes as necessary to support accurate patient care documentation and billing.

Prepares professional correspondence, memoranda, forms, reports, spreadsheets, presentations, emails, and other documents from general instructions, rough drafts, or original source material, exercising independent judgment as appropriate.

Keeps immediate supervisor and other designated personnel informed of work progress, significant billing issues, and other matters requiring attention, and recommends improvements to procedures and workflows as appropriate.

Performs other duties as assigned.

JOB QUALIFICATION REQUIREMENTS

Mandatory Requirements:

High school diploma or equivalent and three years of progressively responsible experience in medical billing, healthcare billing, accounts receivable, insurance claims processing, or a related field, including at least one year of experience performing comprehensive healthcare revenue cycle functions;

OR - associate degree in business, accounting, healthcare administration, medical billing and coding, or a related field and at least one year of experience performing comprehensive healthcare revenue cycle functions;

OR - Any equivalent combination of education, training, and experience that provides the knowledge, skills, and abilities necessary to successfully perform the duties of the position.

For purposes of this requirement, comprehensive healthcare revenue cycle experience includes responsibility for multiple phases of the billing cycle, such as documentation review, coding, claim submission, payment posting, denial resolution, accounts receivable follow-up, and collections.

Preferred Requirements:

Bachelor's degree in business administration, healthcare management, health information management, or a related field.

Current Certified Ambulance Coder (CAC) certification through the National Academy of Ambulance Compliance (NAAC).

Two or more years of experience performing ambulance billing and revenue cycle functions, preferably within a municipal government, fire district, or other public-sector EMS agency.

NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of:

Healthcare revenue cycle processes, including patient account management, claim submission, payment posting, accounts receivable follow-up, denial resolution, collections, and reimbursement.

Medical billing and coding practices, medical and insurance terminology, and healthcare reimbursement processes.

Medicare, Medicaid, commercial insurance, and other payer requirements related to healthcare billing and reimbursement.

Applicable federal, state, and local laws and regulations governing healthcare billing, patient information, records, and confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA).

Basic accounting, bookkeeping, payment reconciliation, accounts receivable, and collection practices.

Electronic billing systems, electronic health records, and other technology commonly used in healthcare billing and revenue cycle management.

Standard office procedures, business practices, and professional communication.

Skill in:

Reviewing patient care documentation and other records for completeness and billing accuracy.

Researching and resolving complex billing, claim, payment, and patient account issues.

Accurately entering, reviewing, reconciling, and maintaining financial, medical, insurance, and patient account information.

Using Microsoft 365 applications and other computer systems necessary to perform the duties of the position.

Communicating professionally and effectively, both orally and in writing, with patients, insurance carriers, healthcare providers, attorneys, District personnel, and other parties.

Ability to:

Learn, interpret, and apply applicable laws, regulations, payer requirements, coding guidelines, District policies, and established procedures related to ambulance billing and reimbursement.

Exercise independent judgment in researching and resolving billing and patient account issues within established policies and procedures.

Maintain the confidentiality and security of protected health information, personally identifiable information, financial information, and other confidential records.

Organize and prioritize a varied workload, manage multiple deadlines, and work accurately with frequent interruptions.

Perform detailed work with a high degree of accuracy and identify discrepancies in documentation, billing, payment, and account information.

Communicate effectively and professionally with individuals who may be upset, frustrated, or experiencing difficult circumstances.

Establish and maintain effective working relationships with District personnel, patients, healthcare providers, insurance representatives, and other external parties.

Learn and maintain proficiency in ambulance billing, financial, and other software applications and technology utilized by the District.

Provide guidance and training to District personnel regarding documentation and billing requirements.

Work independently, carry assignments through to completion, and appropriately identify matters requiring supervisory review or escalation.

SPECIAL REQUIREMENTS/LICENSES

Possession of, or must be able to obtain, a valid Oregon Driver's License within 30 days of hire. Successful applicant must be insurable by the District.

Must obtain Certified Ambulance Coder (CAC) certification through the National Academy of Ambulance Compliance (NAAC) within one year of hire and maintain current certification throughout employment in the position.

SUPERVISION RECEIVED

Work is performed under the supervision of the Human Resources Manager, with work being reviewed primarily on the basis of results obtained. Incumbents are expected to carry assignments through to completion with limited oversight and/or review.

SUPERVISORY RESPONSIBILITIES

This position is not a supervisory position.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions.

While performing the duties of this position, the employee is regularly required to sit; communicate verbally and in writing; use a computer and other office equipment; and perform repetitive hand and finger movements associated with keyboarding and data entry. The employee is occasionally required to stand, walk, reach, bend, and lift or move items weighing up to 25 pounds. The position requires sufficient visual ability to read and review electronic and printed documents and perform detailed computer-based work.

TOOLS AND EQUIPMENT USED

Computer and related hardware; telephone and communication systems; multifunction office equipment; electronic payment processing equipment; and software applications and other technology used for ambulance billing, financial processing, document management, communication, and general office functions.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform job functions.

Work is primarily performed in a standard office environment with regular use of computers and other office equipment. The noise level is generally quiet to moderate. The position may involve frequent interruptions and interaction with employees, patients, members of the public, healthcare providers, insurance representatives, and other external parties.

DISCLAIMER

This description covers the most significant essential and other duties performed but does not include occasional work, which may be similar to, related to, or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and the employee and is subject to change by the employer as the needs of the employer and requirements of the job change.