

## OOCE Internal Job Posting

**Department:** Billing

**Supervisor:** Director, Patient Accounts

**Title:** Patient Accounts Representative

**Hours:** Full-time, Mon. -Fri, 8:00am to 4:30pm.

### **Job Responsibilities**

#### **Claims Submission**

- Submits physician claims to clearinghouse on a daily basis.
- Works claims denials and rejections received through clearinghouse from various Payors.
- Updates clearinghouse and practice management systems with new claim information.

#### **Collection Reports:**

- For the providers assigned to the A/R rep the following reports will be worked on a scheduled basis:
  - Outstanding Insurance (monthly)
  - Rejection Reports (weekly)
  - EOB Denials (weekly)
  - Collection Module (weekly)
  - Missing Ticket Report for office procedures (monthly)
  - Missing Ticket Report from surgery schedule (monthly)

#### **Post Zero Pay and Denials**

- Posts insurance denials into practice management system within 10 days of receipt
- Corrects denials and resubmits in a timely manner. Corrects electronic denials within five days of receipt.

#### **Pre-certification**

- Prepare written request slip for diagnostic testing (MRI, EMG, CT, etc), medication (Synvisc, nsaid, cox-2), surgery, physical or occupational therapy, and DME, including documentation of ICD and CPT codes as needed.
- Contacts insurance provider and obtains authorization numbers if pre-certification is required. Documents specific allowed benefits for relevant services and faxes information to appropriate parties.
- Generates case management information in practice management system noting authorization number, notes and date of service information. May also make relevant notes in patient information screens and apply information to date of service or appointment.
- Generate encounter form and file by date to prompt a review for changes or cancellations one week prior to procedure.
- Return completed request slip to clinician so that scheduling and patient treatment can proceed

#### **Miscellaneous**

- Follows department collection guidelines and procedures for outstanding patient and insurance balances related to assigned providers.
- Demonstrates tact and diplomacy in interpersonal communication to defuse negative situations and maintain a professional and pleasant tone during stressful situations.
- Cross trained and provides department coverage for other A/R Reps and assists with "courier" of work between buildings on Sawmill Road.
- Maintains professional knowledge regarding medical billing and coding procedures, insurance carriers, federal programs, etc.

## **Ohio Orthopedic Center of Excellence**

4605 Sawmill Road  
Upper Arlington, Ohio 43220

Phone 614-827-8700  
Fax 614-827-8701  
www.ohio-ortho.com

6840 Perimeter Drive  
Dublin, Ohio 43016



World-class care.

First-class caring.

**Education/Certification or Experience Required:**

High School Diploma or equivalent required with a minimum of two years of medical billing experience. Certified Professional Coder (through AAPC) preferred. Candidates must be able to work with high volume of work while maintaining attention to detail and accuracy and demonstrate excellent oral and written communication skills. Computer skills required to operate practice management system (i.e., use Window operating system, conduct Internet searches, communicate by email, etc.)

To apply please submit internal application to Janelle Blankenship in Human Resources.

**Posting Dates:** October 25 – November 1, 2011

An Equal Opportunity Employer

**Ohio Orthopedic Center of Excellence**

4605 Sawmill Road  
Upper Arlington, Ohio 43220

Phone 614-827-8700  
Fax 614-827-8701  
[www.ohio-ortho.com](http://www.ohio-ortho.com)

6840 Perimeter Drive  
Dublin, Ohio 43016