



521 4th Street Havre, Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

Bullhook Community Health Center (BCHC) is an equal opportunity employer. BCHC shall, upon request, provide reasonable accommodation to otherwise qualified individuals with disabilities.

Job Title: Billing and Coding Specialist

Department: Billing

Salary Range: \$36,655 - \$65,000 (\$17.63-\$31.25)

Reports to: Patient Accounts Manager

Resource to: All Departments

Job Overview: Initiates billing to maximize reimbursement from Private Insurance, Medicaid, Medicare, etc. Follows-up on claims, including processing cross-over claims as needed. Prepares electronic billing of all claims and reviews to ensure accuracy, including working errors and denials. Enters adjustments if appropriate and generates refund requests. Consistently follows-up and re-bills claims as needed so revenue loss is minimal. Generates related reports. Generate claims from patient encounters. Reviews encounters for appropriate CPT and ICD-10 codes. Maintain active status for all providers by completing initial and subsequent credentialing packages. Treats all information and data within the scope of the position with appropriate confidentiality and security. Maintain strict patient and employee confidentiality in compliance with BCHC policies and HIPAA guidelines.

Essential Functions (Major Duties or Responsibilities):

- File claims for Medical, Mental Health, Substance Use Disorder and Dental.
- File Medicaid secondary claims.
- Work with individual providers to ensure each provider's CAQH database files are updated timely according to the schedule published by CMS Medicare/ Medicaid and Managed Care Organizations regulations.
- Assist new providers with completing application for National Provider Identifier (NPI).
- Terminating enrollment with third party payers upon resignation or termination of providers.
- Work closely with the Leadership Team to ensure all providers are credentialed and recredentialed timely with third party payors.
- Ensure secondary credentialing is done per regulatory and contract requirements.
- Maintain accurate provider profiles on CAQH, PECOS, NPES, and CMS databases with current state DEA license, Board Certification, and malpractice insurance of individual providers.
- Contacting Managed Care Organizations, Commercial plans, CMS Medicare, and Medicaid and/or other insurance agencies to follow up on several stages in credentialing and recording in the BCHC matrix.
- Identifies potential onboarding issues or concerns with new providers; research, provide clarification, and facilitate problem resolution.
- Works with patients to settle insurance denials, discrepancies, ect.
- Responsible for claims tracking, insurance refund and credit reports.
- Responsible for RetroCaid notifications and responding accordingly.
- Assists with Medicaid Passport approval and tracking.
- Reviews the Sliding Fee Discount Program claims to ensure proper application of the Program.
- Assists Providers/Nurses with billing/coding questions and works closely with providers matching billing to charting.
- Works with third party billing for accurate statements.



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- Responsible for maintaining current coding practices competencies.
- Become Federally and State Certified Application Counselor (CAC) for outreach and enrollment for the Affordable Care Act and meet with individuals in-person for enrollment assistance.
- Maintain the confidentiality of the patients, staff, and visitors.
- **Attending and participating in required meetings, training and committees as requested.**
- Other duties as assigned.

Minimum Qualifications (Education and Experience): High School Diploma or equivalent and 3 years' experience in healthcare administration. Federally Qualified Health Center (FQHC) and credentialing experience preferred.

Knowledge, Skills and Abilities (KSA's): Excellent interpersonal communication skills and the ability to empathize with others. Possesses excellent judgment and the ability to maintain professional relationships and boundaries when working with internal and external colleagues and organizations. Minimum Intermediate computer proficiency in Microsoft office programs, internet, email and EHR systems. Strong verbal and written communication skills

Physical and Environmental Demands: Work is performed in an office and clinic setting; stands, walks with intermittent sitting; reaches for and uses writing instruments and keyboard; reads reports and other written materials; extensive use of telephone and oral communication with the public and coworkers; stoops; bends; kneels; reaches for; picks up; and pushes or pulls; ability to lift up to 30 pounds.

Special Requirements: *N/A*

The specific statements shown in each section of this description are not intended to be all inclusive. They represent typical elements and criteria considered necessary to perform the job successfully.
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Signatures

My signature below indicates the statements in the job description are accurate and complete.

Immediate Supervisor	Title	Date
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CEO Review	Title	Date
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My signature below indicates that I have read this job description.

Employee	Title	Date
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