

UW HEALTH JOB DESCRIPTION

PAYMENT RECONCILIATION REPRESENTATIVE			
Job Code: 440056	FLSA Status: Non-Exempt	Mgt. Approval: D. Weber	Date: April 2023
Department: Revenue Cycle		HR Approval: B. Haak	Date: April 2023
JOB SUMMARY			
<p>Under the general direction of the Payment Posting Supervisor, the Payment Reconciliation Representative is responsible for the accurate and timely posting and reconciliation of payments received from patients, third party payers and internal retail departments. Payments may be in the form of cash, checks, electronic funds transfer, vouchers or credit cards, and are posted to the Epic Billing System.</p>			
MAJOR RESPONSIBILITIES			
<p>Core Responsibilities:</p> <ul style="list-style-type: none"> • Accurately post EFT, cash and checks made payable to UW Health to the Billing System. • Ensure that all transactions are completed within the appropriate guidelines, policies, and regulations. • Communicate with UW Health staff, insurance companies, financial institution, and third-party payors to resolve issues related to proper posting of payments. • Process electronic remittance files, monitor/work payor work queues, and generate payment reports to balance. • Back up Payment Posting Clerk when necessary. <p>Customer Service Standards:</p> <ul style="list-style-type: none"> • Support co-workers and engage in positive interactions. • Communicates professionally and timely with internal and external customers • Demonstrates friendliness by smiling and making eye contact when greeting all customers. • Provides helpful assistance in anticipating and responding to the needs of our customers. • Collaborates with customers in planning and decision making to result in optimal solutions. • Ability to stay calm under pressure and deal effectively with difficult people <p>ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.</p>			
JOB REQUIREMENTS			
Education	Minimum	High School Diploma or equivalent	
	Preferred	Associate Degree in Business, Finance, Health Information Management or related field.	
Work Experience	Minimum	One (1) year of experience in an insurance, finance, medical office, or customer service-related field.	
	Preferred	<ul style="list-style-type: none"> • Revenue Cycle (healthcare business, financial or insurance) experience. • Epic experience. • Knowledge of medical and insurance terminology, CPT, ICD coding structures, and billing forms (UB, 1500) 	
Licenses & Certifications	Minimum		
	Preferred		
Required Skills, Knowledge, and Abilities		<ul style="list-style-type: none"> • Ability to make good judgments in demanding situations • Ability to adapt to frequent changes in duties and volume of work • Effective communication skills • Ability to listen empathetically • Ability to logically and accurately organize details • Ability to manage multiple tasks with ease and efficiency • Self-starter with a willingness to try new ideas • Ability to work independently and be result oriented • Positive, can-do attitude coupled with a sense of urgency • Effective interpersonal skills, including the ability to promote teamwork • Strong problem-solving skills • Ability to ensure a high level of customer satisfaction is delivered to all included employees, patients, visitors, faculty, referring physicians and external 	

Commented [WDM1]: Added additional wording

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Commented [WDM2]: Added bullet point

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.