

UW HEALTH JOB DESCRIPTION

REIMBURSEMENT SPECIALIST

Job Code: 440060	FLSA Status: Non-Exempt	Mgt. Approval: S. Zimmerman & A. Armstrong	Date: 11.2018
Department: Patient Accounting/22180, WI Dialysis, Inc-Administration/55600, PBS-General/361825000		HR Approval: A. King	Date: 11.2018

JOB SUMMARY

Under the general supervision of a Revenue Cycle Supervisor, the Reimbursement Specialist is responsible for a portfolio of accounts receivable and oversees the entire billing cycle from charge review, claims submission, and follow-up. The employee is engaged in pro-active and independent collection of outstanding balances for specially handled UW Health accounts.

The position requires advanced knowledge of various program billing requirements as well as federal research billing rules, Medicare and Medicare, and/or Transplant Billing. The incumbent actively participates in internal audits and quality improvement initiatives, maintains documentation of current workflows, assists with special projects, and works closely with Research Compliance Department, the Office of Clinical Trials, IT, and Department Managers.

The employee performs complex patient account follow-up activities, actively participates in quality improvement initiatives to improve accounts receivable and assists with special projects. The Reimbursement Specialist is also responsible for answering questions regarding team functions, and the accurate and timely processing of appeals to various pertinent payers or programs.

The Reimbursement Specialist will serve as the technical expert for complex workflows, providing ongoing updates and training to existing staff for their specific area of expertise. The specialist may be responsible for handling charge review edits, claim edits and preparation, insurance follow-up, denial resolution, and necessary follow-up to ensure accurate payment.

This position represents UW Health and the Revenue Cycle team by adhering and upholding the UW Health Mission, Vision, and Values, and UW Health Service Performance Standards in providing the highest quality service. They will support their co-workers, engage in positive interactions, and provide helpful assistance in anticipating and responding to the needs of our customers.

MAJOR RESPONSIBILITIES

Core Responsibilities:

- Maintaining a complete portfolio of accounts receivable for area of expertise. This includes following accounts through the revenue cycle, from charge review, claim edits, claim submission, and follow up with third party payers and patients to facilitate prompt resolution of outstanding account balances. This includes:
 - Resolve claim edits via claim edit work queues and/or our external billing software
 - Review charges to ensure we are filing to correct guarantor (e.g. work comp, research, transplant, or personal/family)
 - Analyze and reconcile denied payment transactions.
 - Compile and file all information needed to appeal denials
 - Follow federal and state regulations to ensure compliance standards are met
 - Monitor timely filing requirements on claims and appeals
 - Follow-up with contracted payers to secure payments on outstanding balances
 - Evaluate third party payments to ensure accuracy relative to contract language (underpayment/overpayment)
 - Prepare specialized invoices and information as needed for each payor
- Verify patient coverage information and update registration as required
- Accurately document all actions taken to reconcile outstanding balances
- Communicate with Revenue Cycle teams, payors and others to resolve account problems; participate in meetings as needed to address any potential payor concerns
- Evaluate the payment status of outstanding third-party claims and resolve any impediments to payment by providing information such as appropriate medical records, detailed itemization of charges, information regarding other insurance benefits, and explanation of charges.
- Review and validate adjustments to accounts in the insurance portfolio based on insurance reimbursement, coverage, contracts and services provided.

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- Review charges to ensure we are filing to correct guarantor (e.g. work comp vs. personal/family)
- Complete work on special projects, queries and reports as assigned
- Provide general assistance with team:
 - Complete quality improvement and productivity activities
 - Answer questions regarding team functions and assist with team direction
 - Assist in training staff as needed.

Customer Service Standards:

- Support co-workers and engage in positive interactions.
- Communicate professionally and timely with internal and external customers
- Demonstrate friendliness by smiling and making eye contact when greeting all customers.
- Provide helpful assistance in anticipating and responding to the needs of our customers.
- Collaborate with customers in planning and decision making to result in optimal solutions.
- Ability to stay calm under pressure and deal effectively with difficult people

ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.

JOB REQUIREMENTS

Education	Minimum	High School Diploma or equivalent
	Preferred	Associate's Degree in Business, Finance, Health Information Management, or related field
Work Experience	Minimum	Two years of experience in a healthcare revenue cycle or clinic operations role
	Preferred	<ul style="list-style-type: none"> • Epic experience • Three years of experience in a healthcare revenue cycle, specific to area of expertise (I.e. transplant, research, or client billing)
Licenses & Certifications	Minimum	
	Preferred	
Required Skills, Knowledge, and Abilities		<ul style="list-style-type: none"> • Advanced analytic ability • Ability to make good judgments in demanding situations • Ability to react 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 including employees, patients, visitors, faculty, referring physicians and external stakeholders • Ability to use various computer applications including EPIC • Excellent PC operating skills (keyboard, mouse) and use of MS Office • Broad knowledge of health care business office practices and principles • Basic math skills and knowledge of general accounting principles • Knowledge of medical and insurance terminology, CPT, ICD coding structures, and billing forms (UB, 1500) • Maintain confidentiality of sensitive information • Knowledge of Business Office policies and procedures • Knowledge of local, state and federal healthcare regulations • Knowledge of Microsoft Office

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AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

<input type="checkbox"/>	Infants (Birth – 11 months)	<input type="checkbox"/>	Adolescent (13 – 19 years)
<input type="checkbox"/>	Toddlers (1 – 3 years)	<input type="checkbox"/>	Young Adult (20 – 40 years)
<input type="checkbox"/>	Preschool (4 – 5 years)	<input type="checkbox"/>	Middle Adult (41 – 65 years)
<input type="checkbox"/>	School Age (6 – 12 years)	<input type="checkbox"/>	Older Adult (Over 65 years)

JOB FUNCTIONS

Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.

PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. *Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.*

Physical Demand Level		Occasional Up to 33% of the time	Frequent 34%-66% of the time	Constant 67%-100% of the time
<input checked="" type="checkbox"/>	Sedentary: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	Up to 10#	Negligible	Negligible
<input type="checkbox"/>	Light: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	Up to 20#	Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	Negligible or constant push/pull of items of negligible weight
<input type="checkbox"/>	Medium: Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.	20-50#	10-25#	Negligible-10#
<input type="checkbox"/>	Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	50-100#	25-50#	10-20#
<input type="checkbox"/>	Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	Over 100#	Over 50#	Over 20#
List any other physical requirements or bona fide occupational qualifications:				

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.