



JOB DESCRIPTION

POSITION TITLE: Eligibility Specialist

DEPARTMENT: Front Desk Operations

REPORTS TO: Front Office Supervisor

POSITION CLASSIFICATION: Non-exempt

POSITION SUMMARY: The Eligibility Specialist will understand and model the mission of BCHC. Successful performance of job duties will directly impact health system goals to reduce registration responsibilities of schedulers and front desk staff, reduces insurance denials resulting from registration errors, and reduce insurance denials resulting from failure to obtain correct insurance eligibility and /or prior authorizations.

ELIGIBILITY DUTIES:

At the request of the Director of Billing and Reimbursement, the Eligibility Specialist will fulfill the following duties:

- Eligibility Specialists (ES) are responsible for the timely verification of medical insurance benefits on all patients up to two appointment days.
- Meet with patients, on an as needed basis in reiterating appropriate documentation needed in order to establish a patient's ability to pay for services received.
- The ES will use the Medicaid eligibility system, the AVAILITY system for verifying Medicare and other private insurance plans, plan web portals as well as call private insurance companies to obtain benefit information, determine insurance eligibility and the effective dates for coverage.
- Coordinate with patients regarding their insurance benefits and medical providers programs.
- Assist patients in establishing insurance coverage with Center providers as their Primary Care Providers. This ensures that the patients are able to receive proper follow-up care, appropriate referrals and that the Center receives appropriate reimbursement for those services.
- Ensure the accuracy and completeness of demographic, insurance plan and visit level data for patients scheduled for an upcoming outpatient appointments.
- Coordinate with the Billing & Reimbursement Assistant on establishing payment plans for patients with large overdue balances.
- Communicate with other Billing & Reimbursement staff regarding changes in insurance coverage, effective dates and any retroactive eligibility of patients requiring back billing and/or adjustments to patient account balances.
- Other duties as assigned.

SKILLS REQUIRED:

- Analytical skills and experience to determine if complete, accurate and timely patient registration (demographic, insurance plan and visit level) information is available within the account of a patient scheduled for an outpatient service.
- Problem solving skills and experience to determine when appropriate secure and apply addition/revision of patient, guarantor, visit or third party payer data ensuring accurate patient billing and insurance claim submission for scheduled service.
- Excellent customer service/communication skills to interact professionally with patients, insurance representatives, outpatient clinic staff, billing office staff, and medical center management.
- Ability to interpret and apply a variety of instructions furnished in written and verbal form with limited standardization.
- Ability to work as a team member, as well as independently, with minimal supervision.
- Ability to work productively in high volume environment with strict deadlines required to reach goals.

QUALIFICATIONS

- High school graduate and at least two years of college education.
- Prior medical office experience with understanding of insurance and benefit information preferred.
- Two to four years experience performing insurance verification or one year experience working with medical billing procedures or medical insurance programs. Experience may substitute for the two years of college education.
- He / She must have a high degree of maintaining confidentiality.
- Must be dependable, have strong communication skills, be well organized, have a high degree of accuracy, have ability to prioritize and be able to work under pressure.
- He / She should have ability to lift a minimum of 10 - 20 pounds.
- Prerequisites for the positions generally include a clean criminal background check and drug test.

PHYSICAL DEMANDS/WORKING CONDITIONS:

May occasionally become crowded. Requires, bending, sitting, some lifting. Must be able to tolerate screaming, crying and any other hysterical behavior by patients and or children. Position subject to public contact, which may include exposure to viruses, etc. Prolonged exposure to computer screen. Be aware of carpal tunnel syndrome. In some cases, may be required to lift boxes of approximately 10-15 pounds.

SUPERVISION RECEIVED

Director of Billing and Reimbursement, Senior Management

SUPERVISION GIVEN

None

INTERPERSONAL CONTACTS:

Position requires interaction with patients, families, social workers, physicians, mid-level providers, referral clerks, nursing staff, front office staff and others.

RESPONSIBILITY FOR CONFIDENTIAL MATTERS:

Position is exposed to confidential patient information, correspondence and reports. All staff is expected to adhere to the Center's confidentiality policy as stated in the Policy and Procedure Manual.

EFFECT OF ERRORS

Errors could expose the Center to liability, embarrassment and loss of revenue.

HOURS OF WORK

40 hours minimum and as needed.

SALARY RANGE

As specified in the Notice of Hire

My signature indicates that I have reviewed this job description with appropriate Bond CHC Staff and I understand the expectation identified above.

Employee Name (Please Print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____