

Berks Counseling Center – Job Description

Position Title:	REGISTRATION SPECIALIST	Classification:	N9
Department:	BILLING	FLSA Status:	NON-EXEMPT
Accountability:	LEAD BILLING SPECIALIST	Status:	FULL-TIME
Primary Location:	BCC	Creation/Revision Date:	JULY 2019/NOV 2020
Position Has Direct Contact with Children:	YES	Position Has Driving Requirements:	NO
Remote Work Eligibility:	NOT ELIGIBLE		

General Summary

Performs daily routine monitoring of schedule for accuracy. Utilizes the electronic health report system to acquire all authorization on the same day or prior to rendering of service. Reports any discrepancies to the appropriate personnel within a timely manner. Works collaboratively with reception and billing department staff to assist in the completion of daily requirements in the finance department. Communicates with insurance companies to acquire verification of benefits/eligibility. Works collaborative with Reception staff, Care Coordinator, and Case Managers to facilitate assistance with client financial burden.

Minimum Qualifications

High school diploma plus two (2) years of billing experience in the healthcare field required. Flexibility with hours, including evenings required. Excellent communication skills required. Excellent attention to detail required. Knowledge of or experience with trauma-informed approaches preferred.

To perform this position successfully, an individual must be able to perform each essential function satisfactorily. The requirements are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made.

Knowledge, Skills, and Abilities

- Knowledge /Ability to navigate and utilize electronic health records.
 - Knowledge and understanding of trauma and how it impacts others.
 - Skill in active listening and collaborative communication.
 - Skill in telephone etiquette and telephone systems.
 - Skill in using Microsoft Office and Microsoft Outlook and the ability to learn new software programs that support project efforts.
 - Skill in active listening - giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
 - Skill in time management – managing one’s own time and establishing priorities in relation to the tasks at hand.
 - Ability to be organized and prioritize based on the daily requirements.
 - Ability to communicate information and ideas effectively so others will understand, both orally and written.
 - Ability to work as a team player.
 - Ability to be optimistic in tough situations, share responsibility for problems, support decisions, and work well with others.
 - Ability to type a minimum of 45wpm.
 - Ability to engage in honest, transparent and respectful interactions with others.
 - Ability to act with integrity and work from a place of empathy and compassion.
 - Proficient in Excel and other reporting software.
 - Firsthand knowledge on billing regulations and medical/billing terminology.
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Essential Job Functions

1. Communicate directly with insurance companies on a daily bases to acquire patient verification of benefits and/or eligibility in a timely manner and report all needed documentation to all appropriate parties via email.
2. Assure accurate client insurance information and attach all supportive documentation into the patient dashboard in the EHR system. Verify and update insurance information as warranted.
3. Email all information to the proper provider and/or staff member of any changes in insurance coverage and update profile in our EHR system.
4. Work collaborative with Care Coordinator Authorization Specialist and/or Case Manager to assist client with seeking financial assistance as needed. Process includes but is not limited to, seeking county funding, completing payment arrangement and/or processing of sliding fee scales application. Directly and indirectly as needed.
5. Identify clients that have lost insurance coverage and/or have a balance to offer other payment options.
6. Retrieve via EHR and mail out Statements in a monthly manner.
7. Maintain a high level of customer service and professionalism both in dealing with the public and within the organization.
8. Complete data entry for SBOP patients on the PM systems and EMR.
9. Work Collaboratively with Collection Agency to report any accounts moving to collects. Following agency process.
10. Utilize 271 files to identify clients that may have lost insurance coverage. Once client has been identified follow appropriate procedure to ensure the reduction of client burden.
11. Assist with reception responsibility as needed.
12. Collect all client rents and update rent spreadsheets.
13. Develop an understanding of trauma and how it impacts others.
14. Incorporate trauma informed practices into job duties and responsibilities, including interactions and communications with others.
15. Be an active member of BCC's culture of caring through positive and engaging social interactions.
16. Perform all other related duties and responsibilities as assigned.

Physical Requirements

- SEEING: Must be able to see well enough to read reports and use computer.
- HEARING: Must be able to hear well enough to communicate to clients, vendors and coworkers.
- MOBILITY: Must have mobility to move about the agency.
- LIFTING/PULLING/PUSHING: Must be able to lift up to 10 pounds.
- OTHER: Must be able to write, type and use technology.

Note: The statements herein are intended to describe the general nature and level of work being performed, but are not to be seen as a complete list of responsibilities, duties, and skills required of personnel so classified. Also, they do not establish a contract for employment and are subject to change at the discretion of Berks Counseling Center. Berks Counseling Center is an equal opportunity employer.

REGISTRATION SPECIALIST – Signature / Date

LEAD BILLING SPECIALIST – Signature / Date

PRINTED NAME

PRINTED NAME