

PLEASE POST CONSPICUOUSLY

**OTSEGO COUNTY HAS THE FOLLOWING VACANCY:  
COMMUNITY SERVICES DEPARTMENT**

***Billing Specialist***

**\$38,252 - \$45,097**

**DATED: July 2, 2024**

**LAST DAY FOR FILING: July 17, 2024**

EOE

**DISTINGUISHING FEATURES OF THE CLASS:** Performs medical billing; including the processing of Medicare, Medicaid and third party health insurance claims for all divisions of the Otsego County Community Services. Incumbents may specialize in billing in one or more areas such as Medicare, Medicaid and third party health insurance and/or secondary insurance coverage. The incumbent performs account keeping, billing and reimbursement tasks that require the interpretation and application of various federal, state, county and institutional regulations. Work involves coding, relating to the reimbursement billing process, follow up with third party payers using a modernized computer billing system. These as well as other duties will be performed as necessary in the Business office under the general supervision of the Business Office Manager. Performs other related duties as required.

**TYPICAL WORK ACTIVITIES:** (Illustrative only)

- Reviews claims for adjudicated Medicare and/or Medicaid payments to determine the availability of third party insurance;
- Reviews and interprets medical payment remittance advice and assures appropriate application to the patient billing account, reconciling where appropriated;
- Will, as necessary, compute payments for patients who are eligible for Medicare or Medicaid;
- Prepares billing claims, using the current computer system applying current methodology, ensuring completeness and accuracy;
- Verifies and interprets medical coverage with various governmental and commercial insurers and providers as necessary;
- Reviews claim payments and compares to claims submitted and timely follows up on claims that are denied, claims with missing information, problem claims and paid claims with discrepancies;
- Bills appropriate insurers utilizing federally approved billing format in both electronic and paper format as applicable;
- Searches computer databases to obtain data necessary for state and federal reports and/or reimbursement claims;
- Contacts patients, responsible parties, vendors, and other health providers by phone or written correspondence to obtain additional information as necessary;
- Answers telephone, walk-in or written inquires regarding Medicare, Medicaid or health insurance coverage;
- Creates, updates and maintains various patient files and statistical records;
- Prepares a variety of reports and records relating to billing activities;
- Other duties may include retrieval and posting of electronic remittances, posting payments on non-electronic remittances, various duties involving vendor clearinghouse remittance applications and working with 3rd party vendors to resolve issues on for enhancements to electronic remittance processes;
- Does related work as required.

**FULL PERFORMANCE KNOWLEDGE, SKILLS, AND ABILITIES:** Good knowledge of the New York State and Federal regulations, including coverage and entitlement criteria, billing rules, beneficiary rights and provider responsibilities; Good knowledge of Medicare, Medicaid and third party health insurance coverage,

requirements and procedures; Good knowledge of outpatient and mental health billing and reimbursement knowledge; Good knowledge of medical billing requirements and procedures; Good knowledge of office terminology, procedures and equipment; Working knowledge of electronic medical records as they relate to Medicare, Medicaid and third party insurance verification and billing; Working knowledge of Medicare, Medicaid, Commercial and Managed Care Plans; Ability to manage, analyze and reconcile billing and payment detail accurately; Ability to understand and carry out moderately complex oral and written directions; Ability to develop effective working relationships; Ability to interpret insurance documents, including insurance cards, policies, payment remittances, denials, explanation of benefits, etc.; Ability to organize and maintain accurate records and files; Ability to analyze and organize data and prepare record reports and spreadsheets; Ability to operate a computer and utilize common software programs including word processing, spreadsheets and databases; Ability to maintain the confidentiality and integrity to all medical records; Ability to communicate effectively orally and in writing; Ability to deal compassionately with individuals; Attention to detail; Clerical aptitude, Accuracy, Tact, Courtesy, Good judgment.

**MINIMUM QUALIFICATIONS:** Either:

- a) Graduation from a regionally accredited or New York State registered college with an Associate's Degree or higher in a closely related business or medical field such as a medical biller degree program;  
**or**
- b) Graduation from a high school or possession of a New York State equivalency diploma and two (2) year of direct experience processing or verifying Medicare, Medicaid or commercial insurance claims. Experience in a hospital, nursing home, medical facility or long term care facility preferred.

**SPECIAL REQUIREMENTS:**

Possession of a Credentialed Certified Professional Coder (CPC) certification is required within six (6) months of appointment and continued educational trainings must be maintained throughout employment.

Note: Successful completion of coursework in business administration, healthcare administration or closely related field at a regionally accredited college or university, or one accredited by the New York State Board of Regents to grant degrees, may be substituted for up to one (1) year of the required experience with three (3) semester credit hours of related coursework as indicated above being equivalent to three (3) months of experience.

CLASSIFICATION: Competitive

Applications available at the Otsego County Personnel/Civil Service Department, 183 Main Street, Cooperstown, NY 13326 or online at [www.otsegocountyny.gov](http://www.otsegocountyny.gov)