

PART I	HAWAII HEALTH SYSTEMS CORPORATION	1.350
	STATE OF HAWAII	1.351
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		1.353
	Class Specifications for the Classes:	1.354

PATIENT ACCOUNT REPRESENTATIVE I, II, III, IV, V
SR-11; SR-13; SR-15; SR-17; SR-19
BU:03

PATIENT ACCOUNT REPRESENTATIVE I 1.350

Duties Summary:

Serves in a trainee capacity, receiving formal and on-the-job training in billing, collection and follow up of patient accounts; and performs other related duties as assigned.

Distinguishing Characteristics:

A Patient Account Representative I receives formal and informal training in the basic methods and techniques of billing and collection responsibilities; such as: determining credit status, arranging for payment and credit, and collecting delinquent accounts.

Examples of Duties:

Attends orientation and training sessions; learns the principles, concepts, work processes, regulations fundamental to billing and collection activities; obtains financial information to determine ability to pay, credit rating, financial status, etc.; makes arrangements for payment of hospital costs not covered by insurance by arranging for method of payment and securing assignments, reviews patients' accounts to ascertain whether payments are current and on the amounts specified and sends notices of payments due; contacts payers who are delinquent and collects payments due; determines whether arrangements for payment should be modified and credit extended; determines accounts that are uncollectible, and prepares list of such accounts to be forwarded to collection agencies; or keeps records of contacts and status of accounts and prepares monthly status report of delinquent accounts, collections, extensions and other related activities.

Knowledge and Abilities Required:

Knowledge of: Office practices and procedures; grammar, spelling, punctuation and work usage; use of standard office machines; techniques of interviewing others to obtain pertinent information.

Ability to: Make arithmetic computations; compare names and numbers rapidly and accurately; file materials numerically and alphabetically; follow oral and written instructions; communicate positively and effectively with staff, patient and patient family; work harmoniously with others; understand, explain and apply policies, procedures, rules and regulations pertinent to the admission of patients to an acute, skilled nursing or outpatient hospital or outpatient procedure; keep matters confidential; interview others to obtain pertinent admissions information; ability to speak and write English.

PATIENT ACCOUNT REPRESENTATIVE II

1.351

Duties Summary:

Performs basic and routine billing, collection and follow up of patient accounts; and performs other duties as assigned.

Distinguishing Characteristics:

A Patient Account Representative II performs simple and routine billing and collection responsibilities; such as: determining credit status, arranging for payment and credit, and collecting delinquent accounts.

Examples of Duties:

Follow up on assigned accounts; files claims on appropriate forms; follow up with appropriate payor; obtains payments; meets deadlines; work with patients in qualifying for charity care; resolves overpayments and charge corrections; verifies services as needed and works with departments to obtain missing charges or make corrections as necessary.

Knowledge and Abilities Required:

Knowledge of: Office practices and procedures; grammar, spelling, punctuation and work usage; use of standard office machines; techniques of interviewing others to obtain pertinent information.

Ability to: Make arithmetic computations; compare names and numbers rapidly and accurately; file materials numerically and alphabetically; follow oral and written instructions; communicate positively and effectively with staff, patient and patient family; work harmoniously with others; understand, explain and apply policies, procedures, rules and regulations pertinent to the admission of patients to an acute, skilled nursing

or outpatient hospital or outpatient procedure; keep matters confidential; interview others to obtain pertinent admissions information; ability to speak and write English.

PATIENT ACCOUNT REPRESENTATIVE III

1.352

Duties Summary:

Independently performs complex billing, collection and follow up of patient accounts; and performs other duties as assigned.

Distinguishing Characteristics:

The Patient Account Representative III is responsible for independently performing complex billing and collection duties such as: determining credit status, arranging for payment and credit, and collecting delinquent accounts.

Examples of Duties:

Bills out patients on appropriate claim forms (i.e. Hospital Claim form, UB-92 (Uniform Billing), Medicaid Drug Claim Form 204, Physical Claim Form HCFA 1500; verifies Healthcare Common Procedural Coding System (HCPC) codes, and Current Procedural Terminology (CPT) codes pass systems edits; obtains correct information for all rejects; follow up on accounts; meets deadlines; ensures claims are paid appropriately; follow up on billing errors and makes appropriate adjustments; evaluates patients for charity care services; works with departments to obtain missing charges or make corrections as necessary; works with CDM (Chargemaster) Coordinator to assure proper CPT and HCPC's codes are used and corrects and updates claims as necessary; and offers discounts to patients or non contracted payors to expedite payment.

Knowledge and Abilities Required:

Knowledge of: Working knowledge of medical billing, collections and follow-up in a hospital, long term care facility, outpatient clinic or clinic setting. Working knowledge of Healthcare Financing Administration (HCFA) UB92, UB04, HCFA 1500 Claim forms, third party insurance (i.e., Medicare, HMSA, Medicaid); rules, regulations and requirements of medical billing, International Classification of Diseases - 10th Revision (ICD-10), Current Procedural Terminology (CPT), Healthcare Common Procedural Coding System (HCPCS), Diagnosis Related Group (DRG), and Resource Utilization Groups (RUGS). Knowledge of credit and collection methods; Fair Debt Collection

Practices Act (FDCPA); principles and techniques of interviewing; and office practices and procedures.

Ability to: Collect, organize and evaluate facts; be tactful and objective in interviewing and dealing with people; present information clearly and comprehensibly both orally and in writing; apply the laws, rules, regulations, policies and procedures pertaining to the work.

PATIENT ACCOUNT REPRESENTATIVE IV

1.353

Duties Summary:

Performs highly complex billing and collection responsibilities and follow up of patient accounts; may also perform admitting duties and responsibilities; and performs other duties as assigned. Positions may be subject to rotating shift work with work on holidays and weekends.

Distinguishing Characteristics:

1. Nature and Purpose of Work:

Patient Account Representative IV positions are typically of two general types:

- a. The patient access representative responsible for performing a broad spectrum of highly complex procedures in billing and collection such as: determining credit status, arranging for payment and credit, and collecting delinquent accounts.
- b. The patient account representative responsible for performing a broad spectrum of highly complex billing and collection duties and for performing admissions and registration duties.

Examples of Duties:

Bills out patients on appropriate claim forms (i.e. Uniform Billing (UB)-92, Medicaid Drug Claim Form 204); verifies Healthcare Common Procedural Coding System (HCPC) codes, and Current Procedural Terminology (CPT) codes pass systems edits; obtains correct information for all rejects; follow up on accounts; meets deadlines; ensures claims are paid appropriately; follow up on billing errors and makes appropriate adjustments; evaluates patients for charity care services; works with departments to obtain missing charges or make corrections as necessary; works with CDM

(Chargemaster) Coordinator to assure proper CPT and HCPC's codes are used and corrects and updates claims as necessary; offers discounts to patients or non contracted payors to expedite payment; split claims efficiently when appropriate; and identify and correct CPT and HCPC issues that prevent claims from being adjudicated.

Receives and interviews patients and/or accompanying parties to obtain identifying data, person or parties responsible for payment, admitting diagnosis, secures signatures for authorization of assignment of insurance benefits; secures information, signatures and certifications for and files requests for welfare, indigent, county pensioner, psychiatric, Veterans Administration, military dependent and Medicare benefits; secures deposits or arranges for method of payment for costs not covered by insurance or other benefits; explains hospital regulations and policies on visiting hours, charges, payment of bills, etc.; receives, issues receipts and stores patients' valuables for safekeeping; assigns patients to floors, rooms according to nature of illness and accommodations requested; prepares admitting records and routes to appropriate hospital departments; reviews, follows-up and completes records of admissions prepared by others; sets up and maintains records and files, performs record keeping, filing, typewriting, inputting data via teleprocessing terminals, issuing receipts for payments, and other clerical work as required.

Knowledge and Abilities Required:

Knowledge of: In addition to the knowledge required at the III level: Knowledge of charity care, Explanation of Benefits (EOB's); Direct Date Entry (DDE), Hawaii Healthcare Information Network (HHIN), third party on-line claims adjudication websites, third party regulatory requirements, claim denials, appeals management, prior authorization, Notice of Discharge and Medicare Appeal Rights (NODMAR), credit balance resolution, refunds and third party benefits and advanced knowledge of Current Procedural Terminology (CPT)/Healthcare Common Procedural Coding System (HCPC) and hospital billing regulations.

Ability to: Understand and interpret laws, policies, rules and regulations pertaining to the work; develop methods and procedures relating to billing and collection activities; instruct others; and deal tactfully and effectively with the general public.

PATIENT ACCOUNT REPRESENTATIVE V

1.354

Duties Summary:

Supervises and performs the highly complex activities concerned with billing, collection, credit control and maintenance of accounts for services rendered in a hospital, long

term care facility, outpatient clinic or clinic setting; may also perform hospital admitting duties and responsibilities and performs other duties as assigned. Positions may be subject to rotating shift work with work on holidays and weekends.

Distinguishing Characteristics:

1. Nature and Purposes of Work:

Patient Account Representative V positions are typically of two general types:

- a. A patient account representative supervising and participating in highly complex procedures in billing, collection, credit control and maintenance of individual accounts for services rendered in a hospital or clinic, which includes; development of new and revised procedures, review of working situations to be sure that staff are following guidelines, policies and procedures, and recommending improvement in the billing and collection process.
- b. A patient access representative responsible for supervising and participating in performing a broad spectrum of both billing and collection duties and admission and registration duties.

Examples of Duties:

Supervises and performs highly complex activities concerned with billing, collection, credit control and maintenance of individual accounts for services rendered; makes work schedules, assignments and reassignments, reviews the work of subordinates for completeness, correctness and adherence to applicable policies and procedures, evaluates subordinates' work, trains new employees, and maintains effective working relationships; receives and resolves complaints on charges, payments, credits and other related matters; interprets policies and procedures relating to the activities concerned with billing and collection; interprets policies, rules, regulations and procedures on processing claims regarding various insurance, assistance and other programs; develops and modifies methods and procedures relating to billing and collection activities; develops and establishes procedures for prompt and systemized flow of charges from other operations to the billing and collection operation; prepares reports; attends and participates in staff meetings and conferences.

Receives and interviews patients and/or accompanying parties to obtain identifying data, person or parties responsible for payment, admitting diagnosis, secures signatures for authorization of assignment of insurance benefits; secures information, signatures and certifications for and files requests for welfare, indigent, county pensioner, psychiatric, Veterans Administration, military dependent and Medicare

benefits; secures deposits or arranges for method of payment for costs not covered by insurance or other benefits; explains hospital regulations and policies on visiting hours, charges, payment of bills, etc.; receives, issues receipts and stores patients' valuables for safekeeping; assigns patients to floors, rooms according to nature of illness and accommodations requested; prepares admitting records and routes to appropriate hospital departments; reviews, follows-up and completes records of admissions prepared by others; sets up and maintains records and files, performs record keeping, filing, typewriting, inputting data via teleprocessing terminals, issuing receipts for payments, and other clerical work as required.

Knowledge and Abilities Required:

Knowledge of: Thorough knowledge of medical billing and collections in a hospital, long term care facility, outpatient clinic or clinic setting. Thorough knowledge of Healthcare Financing Administration (HCFA) Uniformed Billing (UB)-92/Medicaid Drug Claim Form 204, HCFA 1500 Claim forms, third party insurance (i.e., Medicare, HMSA, Medicaid); rules, regulations and requirements of medical billing, International Classification of Diseases, 10th Revision (ICD-10, Current Procedural Terminology (CPT), Healthcare Common Procedural Coding System (HCPCS), Diagnosis Related Group (DRG), and Resource Utilization Groups (RUGS). Thorough knowledge of charity care, payments, Direct Date Entry (DDE), Hawaii Healthcare Information Network (HNIN), third party on-line claims adjudication websites, third party regulatory requirements, claim denials, appeals management, prior authorization, Notice of Discharge and Medicare Appeal Rights (NODMAR), credit balance, refunds and third party benefits; and principles and practices of supervision.

Ability to: Understand and interpret laws, policies, rules and regulations pertaining to the work; develop methods and procedures relating to billing and collection activities; instruct others; and deal tactfully and effectively with the general public.

This is an amendment to class specification for the classes, PATIENT ACCOUNT REPRESENTATIVE I – V, to change the coding language to ICD-10, effective February 10, 2012.

This is an amendment to the class specifications for the classes, PATIENT ACCOUNT REPRESENTATIVE IV & V, to add outpatient clinic or clinic setting under work areas and knowledge, effective September 16, 2010.

This is an amendment to the class specifications for the classes, PATIENT ACCOUNT REPRESENTATIVE IV & V, to include that positions may be subject to shift work and to clarify the types of positions in these levels, effective August 16, 2007.

This is the first class specifications for the classes, PATIENT ACCOUNT REPRESENTATIVE I, II, III, IV & V.

DATE APPROVED: February 10, 2012

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