**BOARD OF REGENTS**

**STATE OF IOWA**

**REGENT MERIT SYSTEM**

**Class Title: Patient Account Representative Class Code: 1401**

**Pay Grade: 509**

**GENERAL CLASS DESCRIPTION:**

Under general supervision, performs and coordinates specialized work requiring a knowledge of specialized subject matter including policies and procedures of multiple third party payors including third party provider profile reimbursements, appropriate use of CPT IV codings and knowledge of federal regulations regarding covered and non-covered codes. Needs working knowledge of State of Iowa Indigent Care Program, Medically Needy and other assistance programs as well as research grants and Clinical Research programs providing reimbursement for Hospital and/or Medical Service physician fees. Maintains records in patient accounting files requiring manual logs and on-line functions for submission of third party payors and recording receivables; initiates transfers, cancellations, audit adjusts and verification of charges to patient accounts; and reviews all accounts for self pay billing and performs appropriate on-line function to release or hold patient statements. In addition, all information is provided to patients and payors as needed. Duties may involve the use of personal computers, computer terminals, and a variety of software and/or conventional office equipment.

**CHARACTERISTIC DUTIES AND RESPONSIBILITIES:**

1. Prepares, reviews and analyzes billing control lists, hard copy billing documents for hospital inpatient and outpatient charges as well as all professional fees for all procedures performed, and on-line patient account records which requires independent informational search and a knowledge of the policies and procedures of both assigned and related work areas as well as policies and procedures of third party payors.
2. Advises third party payors, patients and others concerning policies and regulations in the assigned work areas.
3. Initiates standardized forms and on-line functions related to the area of assignment.
4. Composes correspondence requiring judgment in the application of policies and procedures in both the assigned and related work areas.
5. Reviews and investigates verbal and written inquiries regarding policies and procedures of submissions to third party payors and self pay billing requiring knowledge of assigned and related work areas. Reviews medical record documents and provides additional documentation for claim processing when appropriate authorizations are verified.
6. Reviews accounts to insure each "Usual and Customary" (UCR), non-allowable and courtesy discount entry is computed correctly or appropriate adjustments are made for both hospital and professional fees.

#### KNOWLEDGE, SKILLS, AND ABILITIES:

1. Knowledge of medical reimbursement policies and procedures.
2. Skill in using office equipment.
3. Ability to communicate effectively with staff, students, and the public.
4. Ability to follow oral and written instructions and interpret institutional and other policies accurately.
5. Ability to make decisions requiring interpretation and judgment.
6. Ability to gather, analyze and display data in appropriate format and keep accurate records.

**MINIMUM ELIGIBILITY REQUIREMENTS:**

1. Clerical office experience which is equivalent of three years of full-time employment, of which at least twelve months must be comparable to or above the level of Clerk II, or at least six months previous experience in the Hospital Business Office at the level of Clerk III, or
2. Any combination of clerical office experience and undergraduate college level course work or post high school secretarial/clerical training that is the equivalent of four years of full-time employment and includes at least twelve months of clerical office experience comparable to or above the level of Clerk II; study as a full-time student may be substituted for work experience on a month-for-month basis for a maximum of 30 of 36 required months of experience.

H:(hr/classdes)1401 **REVISION EFFECTIVE: October 1, 1997**