



## **GOODLAND REGIONAL MEDICAL CENTER** **JOB DESCRIPTION**

**JOB TITLE:** Coding / Enrollment Specialist

**RESPONSIBLE TO:** Health Information Management Director

**JOB SUMMARY & SKILLS NECESSARY:** The Provider Enrollment Specialist administers the physician enrollment application process for payer enrollment. The Provider Enrollment Specialist is responsible for processing enrollments for new and existing individual providers, such as initiating new enrollments with Commercial and Governmental payors and reporting demographic or other provider changes. Other duties include follow-up on open applications with providers or payors. Will work with credentialing specialist to ensure all aspects of enrollment are completed.

In addition to enrollment, the coding specialist, also known as a medical coder, documents patient data in code format for healthcare billing. A coding specialist pulls specific details -- such as patient medical history, test results, diagnoses and treatment recommendations -- from physician notes, test reports, diagnosis forms and other related documents. Assigns codes and enters it into fields in computer applications, including electronic patient record management and billing software. Contacts sources of information to clarify information that is not clear or in error, and updates databases and forms as needed. Will code CPT and diagnoses for all facility and professional services.

Ability to speak, write, and read English fluently; ability to communicate clearly and effectively both orally and in writing. Excellent customer service and communication skills. Organized and efficient; detail oriented. Computer proficiency and experience with electronic health records. Knowledge of Medicaid/Medicare and other third party insurance coverages.

### **ESSENTIAL JOB FUNCTIONS:**

1. Demonstrates behaviors consistent with organizational mission & goals.
2. Demonstrates practices to keep all medical information confidential.
3. Demonstrates behaviors that promote positive patient/staff relations.
4. Comes to work as scheduled; arrives for work on time.
5. Demonstrates proper safety practices in carrying out job duties.
6. Appearance is appropriate to job duties; wears identification on duty.
7. Demonstrates appropriate job competencies.
8. Complies with organizational policies in course of duties.
9. Demonstrates ability to safely assist patients with transfer, lifting, or rendering aid on the facility campus.
10. Comply with all legal and regulatory requirements regarding coding procedures and practices.
11. Conduct audits and coding reviews to ensure all documentation is accurate and precise.
12. Assign and sequence all codes for services rendered.
13. Collaborate with billing department to ensure all bills are satisfied in a timely manner.
14. Communicate with insurance companies regarding coding errors and disputes.
15. Submit statistical data for analysis and research by other departments.

16. Contact physicians and other allied health professionals with questions regarding treatments or diagnostic tests given to patients with regard to coding procedures.
17. Ensure provider participation with contracted payors by taking appropriate next actions to complete enrollment, such as completing applications, rosters, and notifications.
18. Work with payors and providers to ensure compliance with enrollment process.
19. Initiate contact with payors and practices via telephone or electronic methods with respect to provider enrollment and billing errors, utilizing proper customer service protocol.
20. Update and maintain data in appropriate Provider Enrollment systems while ensuring accuracy and data integrity.
21. Review correspondence received and perform appropriate action to resolve when needed.
22. Accomplishes provider enrollment/ disenrollment operations, including application review, entering applications into system and submissions to CMS and third party insurance coverages.
23. Obtains missing information for enrollment completion. Coordinates process within forty-five days.
24. Initiates corrections to CMS or RPC.
25. Prepare the CAQH for newly affiliated and existing providers
26. Research and resolve provider related enrollment issues and coordinate with members of various departments when applicable.
27. Maintain the physician's files for revalidation of Medicare via PECOS.
28. Ensure the timelines for provider enrollment to payers.
29. Initiate and track provider enrollment with insurance companies.
30. Follow-up with insurance companies regarding provider participation status.
31. Additional duties as assigned.

### **POSITION QUALIFICATIONS:**

**Minimum Education:** High School diploma or equivalency required; Associates degree preferred. Registered Health Information Technician (RHIT), Certified Professional Coder (CPC), Certified Coding Associate (CCA) or equivalent required.

**Minimum Experience:** Three years healthcare experience preferred. PECOS and CAQH knowledge required. Knowledge of Medicare, Medicaid and commercial payer enrollment preferred. Prior administrative office, customer service, or social service experience preferred.

### **PHYSICAL DEMANDS:**

Stand:	Occasionally
Walk:	Occasionally
Sit:	Frequently
Squat/Kneel:	Occasionally
Bend:	Occasionally

Lift/Carry:	
10-25 pounds:	Occasionally
26-40 pounds:	Rarely

Push/Pull:	
10-25 pounds:	Occasionally
26-40 pounds:	Rarely

**\*\*Reasonable accommodations may be made to enable individuals with disabilities to perform the position accountabilities without compromising patient care or departmental efficiency. However, should it be determined that the employee cannot meet the position accountabilities with or without accommodation, it is the right of GRMC to release the individual under Kansas "Employment at Will" doctrine\*\***

Working conditions: Frequent sitting, standing, and walking in carrying out duties. Should be in good physical condition and able to assist with patients as needed. At times may be exposed to unpleasant elements (accidents, injuries and illness). Due to nature of profession may be exposed to blood-borne pathogens/illnesses.

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I have received, read and understand this job description for my position at GRMC.

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Job Description Prepared by:

Signature/Title \_\_\_\_\_ Date: \_\_\_\_\_