DACUM VALIDATION CHART:
Medical Biller

SPONSORED BY ONONDAGA COMMUNITY COLLEGE • July 14, 2016

DACUM PANEL

CATHERINE BOYKO
Group Leader
Practice Resources, LLC

JESSICA BROWN
Group Leader
Practice Resources, LLC

KATI DAPSON
Billing Supervisor
MedBest Medical Management

KRISTEN BLOM
Senior Project Manager
Medical Management Resources, Inc.

LYNN SPELMEN
Billing Specialist
MedBest Medical Management

MICHELLE WATSON
Medical Biller
Practice Resources, LLC

NICOLE SCIACCA
Patient Accounting Representative
St. Joseph's Hospital

FACILITATORS

REBECCA FRACCHIA
Employer Engagement Manager
Economic & Workforce Development
Onondaga Community College

SHAUNNA JAGNEAUX
Project Director
Economic & Workforce Development
Onondaga Community College

RECORDER

VICKIE RIZZO
Asst. Director, Workforce Education
Onondaga Community College

DACUM Validation Chart for Medical Biller

Duties → **Tasks**

Duties						
A Process Medical Charges (submit successful claim)	A1 Batch charge tickets	A2 Identify diagnostic code (s)	A3 Identify procedure code (s) (for maximum reimbursement)	A4 Refer incomplete documentation to service provider or receptionist for completion	A5 Link diagnostic code(s) to procedure code(s)	A6 Identify procedure modifier(s)
	A7 Link insurance authorization information	A8 Review charge tickets for completion	A9 Post medical charges (to ledger)	A10 Post charge adjustments to journal/ ledger	A11 Balance batch charges	
B Process Self-Pay or Insurance Payments (primary or secondary)	B1 Sort payment receivables (by electronic or manual)	B2 Process electronic payments (EFT or check)	B3 Process manual payments (EFT or check)	B4 Review EOBs for payments and adjustments (for elect. or paper)	B5 Generate statement to patient and/or to secondary payer	B6 Enter patient/ personal payment
	B7 Prepare bank deposits					
C Process Insurance Claims (primary, secondary, tertiary)	C1 Process paper claims (e.g., CMS-1500, UB04)	C2 Prepare error-free claims files	C3 Submit claim to payer location (e.g., initial or resubmissions)			
D Manage Insurance Follow-up	D1 Create insurance aging report	D2 Submit corrected claim manually	D3 Submit corrected claim electronically	D4 Submit corrected claim online	D5 Submit appeal manually	D6 Submit appeal electronically
	D7 Submit appeal online	D8 Contact provider relations representative for assistance	D9 Initiate request checks for over payments			
E Review Patient Information	E1 Update patient demographic information	E2 Verify/update patient insurance information				
F Respond to Patient Inquiries	F1 Arrange current account payment plans	F2 Explain insurance benefits to patient	F3 Clarify office policies and procedures to patient (e.g., no-show fees)	F4 Contact payer on behalf of patient	F5 Inform patient of outcome	F6 Make credit card payment (for patients)
	F7 Refer patient to additional information sources					

Occupational Definition: A high performing medical biller is a member of the accounts receivable team who maintains communication with providers by reviewing and verifying charges, reconciling payments, and collecting for all services rendered to ensure that maximum reimbursement is obtained and/or help providers stay compliant with billing and insurance rules.

July 14, 2016

Duties	Tasks →					
G Prepare/Review Patient Statements	G1 Create patient statements	G2 Analyze patient accounts receivable for accuracy 1	G3 Generate patient aged account report 1	G4 Review patient past due accounts 2	G5 Request outstanding balance from patient 2	G6 Determine patient payment arrangements
	G7 Refer outstanding accounts to collection department/agency	G8 Change account to reflect patient's new financial status 2				
H Perform Administrative Activities	H1 Process office mail 1	H2 Process "in bin" correspondence (e.g., email, fax, phone) 2 4 1 3	H3 Serve as receptionist back-up	H4 Prepare daily documents 1	H5 Scan daily documents	H6 Complete special projects for management (e.g., attend DACUM, make Excel sheets,)
	H7 Participate in continuing billing education	H8 Enter charges and payments on monthly spreadsheet 1	H9 Monitor EFT's/ lockboxes to be posted 1			
I Communicate with Client and Staff	I1 Share information with peers (e.g., new rules, trends, policy changes) 3	I2 Educate client (doctor) on payer changes and updates				

Legend

- # .....Critical Task
- # .....Time Spent on Task
- # ..... Training Most Needed by New Workers
- # ..... Training Most Needed by Veteran Workers

Note: Numbers represent total votes from 7 panelists.

Occupational Profile: Medical Biller

Knowledge & Skills

Accuracy skills
Anatomy
Bundle/unbundling skills
Communication skills
- Verbal skills - speak professionally
- Written (writing appeal letters, emails to Internal/external customers)

Computer skills
- Don't lock yourself out of stuff
- MS Excel - spreadsheets, sum formula, use as calculator, templates
- MS Word - writing appeal letters, spell check
- EMR - need to be able to self-teach (some organizations)
- Email
- Medical billing software
- Windows
- Internet Explorer (navigate the internet, research)
- Navigating insurance websites, lots of issues with this

CPT codes - modifiers
Customer service skills
Insurance knowledge
EDI standards (Electronic Data Interchange, Need to know who to go to)
EOB's (explanation of benefits)
Global periods
HCFA 1500 forms (health insurance claim form)
HCPS codes (the Healthcare Common Procedure Coding System)
HIPAA Rules & Regulations
- PHI (Patient Health Information), and the impact is has on it biller communication.

ICD10 codes
ICD9 codes
Interpretation skills (nice to have)
Keyboarding/ten key skills
- WPM< 40 with 95% accuracy
- fluent in KSPH with 95% accuracy

Listening skills
Math skills
- Accounting
- "Run tape of checks"
- Balance
- Basic Math
- Calculator
- Percentages

Medical insurance process
Multi-tasking skills
Navigating multiple programs at the same time
Office equipment (see tools list)
Organizational skills
- workspace, workflow, email, resources

Problem solving skills (think beyond, think differently)
Reading skills
- email, manuals, insurance, doctor notes

Research skills
Terminology
- Insurance
- Medical

UB40 forms
UB92 forms - knowledge of
Teamwork
Working knowledge of capitation (payment arrangement for healthcare service providers, typically through an HMO)
Working knowledge of how to approach insurance
Working knowledge of Medicare regulations
Writing skills
- emails, appeal letters email etiquette

Know the difference between EFT and ERA (many billers struggle with this)

Tools & Equipment

- Desk/cubicle
- File cabinet
- General Office supplies
- Telephone
- Headset for multi-task
- Televox

Hardware
- 10 key calculator
- Adding machine
- Computer (double monitor preferred)
- Computer hardware with mode (from home)
- Office machines - Fax, copier
- Point of service (credit card)
- Printers
- Scanner
- Shredder

Software
- Billing software (Centricity, P2P)
- Computer program for medical office management
- EPIC
- Medent
- Health PAC
- Nextgen

Books/Manuals
- Coding book (reference)
- CPT book (Reference)
- ICD10 book /software/website
- Medicare manuals
- Medicare website
- Training manuals
- Workers compensations for fee schedule

Forms
- CMS-1500 form
- HCFA forms
- UB04 forms
- C4.0, C4.2, C4.3
- HP1
- Newsletters/List serves
- Medent (email)
- Insurance
- Collection (Simmons)

Traits & Behaviors

- Focused
- Flexible (can change easily)
- Good work ethic
- Honest
- Loyal to company
- Patient
- Positive
- Pretend you like working with people
- Professional
- Self-motivated
- Self-starter
- Sense of humor (it really helps)
- Think beyond task at hand - see whole picture (and know what those expectations are)

Hiring Requirements

- GED/HS
- 1 year experience or training (for some)
- Internship (4 weeks for some) (12 weeks for some)
- A.S. Degree preferred (for some)
- References
- Some form of ID

Hiring Barriers

- Drug screening (urine)
- Credit check (for some)
- Check government sanctions
- Cannot provide enough references (3 required - 2 must be supervisor reference)
- Background check - larceny, theft, fraud (if they lie on application and it's found on background check)

Certifications/Licensure

Mandatory:

- N/A

Helpful/Useful:

- Hospital Billing Certification
- AAPC Certifications (CPB, CPC)

Workplace Expectations

- Need to be able to work as a team ("this is not an island")
- Need to be accurate, "In medical billing it's all about accuracy"
- Expect to always be busy, "There is never a slow time unless the power goes out", still work without power
- Serve as patient advocate - first loyalty to provider
- Need to be able to adapt quickly to changes required/dictated by insurance carriers
- Cell phone - do not use during work
- "Coding" means different things at different places. Billers verify/select codes provided, do not determine code.
- Insurance rules and CPT codes do not always wash, need to know both
- Be on time

Physical Attributes

In order to perform the necessary functions of the job, the worker must be able to:

- Sit for minimum of 8 hrs (with breaks and lunch)
- Lift up to 10 lbs. without help (for some companies)
- Hear, or use appropriate accommodation to communicate with customers via phone/in-person
- Read information on computer screen - legally blind is OK, must be able to use computer screen
- Use hands to type (need enough dexterity and mobility to perform this function)

Appearance

- Professional image
- Good hygiene
- Casual, Super Casual, Business Casual
- No Logos (for some)
- No beach attire (no flip flops, spaghetti straps, short shorts, nothing ripped)
- Stylish shoes that flip and flop OK
- Shorts (for some) (none for some)
- Friday casual (for some)
- No jeans, shorts, sneakers in hospital
- No strong scents
- No visible or excessive tattoos/piercings (for some)

Attendance/Work Shifts

Expectation:

- Flex schedule (some)
- M-F dayshift (30 minute lunch, two 10-15 minute breaks)
- Arrive a few minutes early every day, be ready to work
- Be on time

Call for termination:

- No call no show
- Constant attendance issues
- 12 unscheduled instances a year of late, calling in, leaving early (for some)
- Drugs/alcohol for cause

Future Trends & Concerns

- Denials are growing - insurance companies are finding new ways to deny or delay claims
- Employees need good and continuous training
- Fast growth profession, growing fast, hard to keep up with growth
- Generational challenges (cell phones and issue, flexibility)
- Healthcare is constantly changing - billers need to be able to adapt to change. There are new reimbursement programs all the time (daily, weekly, monthly)
- Issues with finding/maintaining quality workers:
    - ◊ Medical billers are needed; multiple openings yearly with most employers due to retirements and growth
    - ◊ Re-careering folks may view billing as a stepping stone
    - ◊ Mismatch in understanding job requirement. Billers do not interact with patient like other medical support staff (not going to "help people")
    - ◊ Computer skills are often lacking in new hires. Need to be computer savvy.
    - ◊ Workers expecting more flexibility with scheduling
    - ◊ Need to get back to the basics with work ethic (employers expect workers to give the full 40 hours)
    - ◊ Workers leaving after "trying job" and finding it's not for them
    - ◊ New workers expecting to advance more quickly than possible
- Some panelists expressed concern for disconnect within hiring management when faced with filling vacancies in understanding what makes a good biller and therefore not getting the best match of billing personnel, and/or not understanding why they are losing billers.
- More specialized, increase electronic
- Move from paper to paperless
- Professionalism lacking in new workers ("Big lack of work ethic")
- Technology (EPIC) from the other side makes it challenging
- Transition away from fees for services model challenges
- Veteran employees have difficulty multi-tasking (working 2 monitors, and phones, etc.), some people don't like change
- EPIC activity points used to monitor productivity (no to be used to compare against others)
- Daily productivity goals used in evaluations
- HIPAA concerns/lack of training
    - ◊ Biller liable for things they may not realize
    - ◊ Billers need to understand PHI, it impacts every form of biller communication: verbal, written, electronic (including having proper release forms on file when answering calls, responding to written inquiries, etc.) Billers can't take for granted how they answer a call without establishing who they are speaking with, they may innocently confirm a person was treated at a facility just by acknowledging an account exists.

Employment Expectation of New Medical Billers

As new Medical Billers on the job, the panelists initially felt unprepared for:

- The number of applications (software) needed to do the job
- How much multi-tasking is required (patient calls, balancing, payments, etc.)
- Posting electronic claims to balance correctly
- The amount of contact with insurance required
- Working with others and the amount of people to people communication required
- Knowledge needed to do their jobs. Specifically knowledge in:
    - ◊ Billing for laboratory charges
    - ◊ EMR
    - ◊ Medical terminology
    - ◊ Insurance company procedures and policies
    - ◊ Coding - knowledge is necessary to perform billing proficiently
    - ◊ HIPAA
    - ◊ Insurance follow up and differences in insurances; BCBS vs BCBS Medicare, Medicaid and Medicare

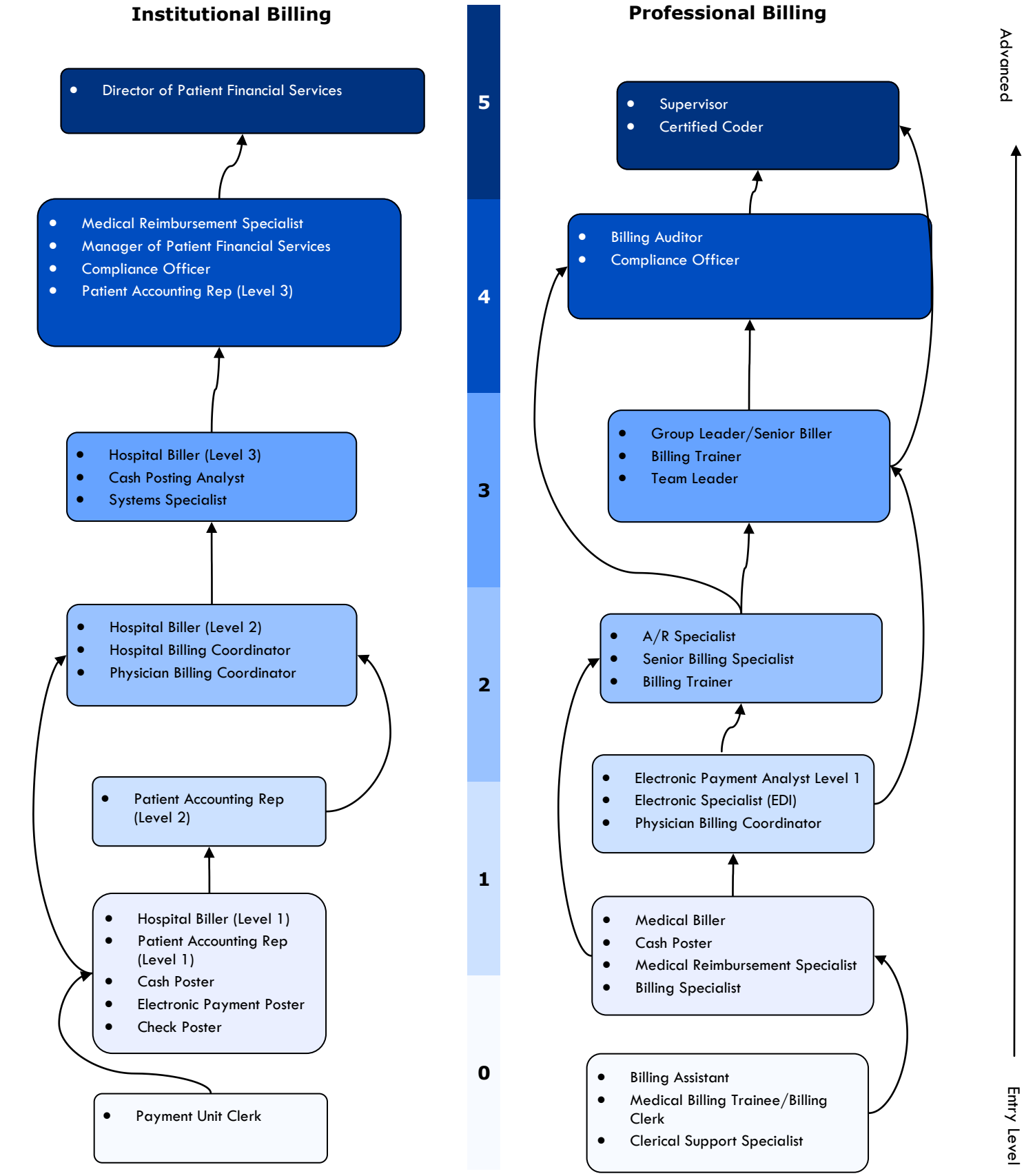
Additionally, when first arriving at their workplace the panelists were initially disillusioned by the following:

- Additional training on AR and follow up
- More training and documents of knowledge
- Continuing education opportunity provided - CMBS Certification
- A lot less micromanaging than expected
- Less feedback about quality of work
- The ongoing nature of the job - the job is never done, there is always something else that needs to be done.

Acronyms Used

AR: Accounts Receivable
BCBS: Blue Cross Blue Shield
CMBS: Certified Medical Billing Specialist (not mandatory)
COB: Coordination of Benefits
CPT: Current Procedural Technology (codes)
EDT: Electronic Data Interchange
EFT: Electronic Funds Transfer
EOB: Explanation of Benefits (aka EOR)
EOR: Explanation of Review (aka EOB)
ERA: Electronic Remittance Advice
HCFA: Health Insurance Claim Form
HCPCS: Healthcare Common Procedure Coding System
HIPAA: Healthcare Insurance Portability and Accountability Act
HMO: Health Maintenance Organization
ICD: International Classification of Diseases
KSPH: Key Strokes Per Hour
NDC: National Drug Code
UB04: Health Insurance Claim Form
WPM: Words Per Minute

Potential Job Path for Medical Billers



Please note: The numbers in the shaded graph represents years of training and/or experience required. Job titles vary per size and type of institution/ company where some may perform functions that are specialized positions in others. It is not necessary for a person to move through each of these phases of advancement to reach a particular position level. Companies differ on which titles are utilized for which rank of position. The titles and levels indicated are a measure of jobs typically performed from entry level (little to no experience and/or training) to more advanced skill level.

Onondaga Community College wishes to extend a special "thank you" to the following businesses for sponsoring their worker(s) for a one-day workshop in order to develop this occupational profile for Medical Billers, and to all of the expert workers who served on the DACUM panel. Our program will be better because of your direction and guidance.

This occupational profile was validated by local expert workers based upon the *DACUM Research Chart for Medical Biller* sponsored by (Community College Beaver County, 2008, the *DACUM Competency Profile for Medical Reimbursement Specialist* produced by Regional Health Occupations Resource Center, Satan Barbara City, 1999, and the *Employability Skills Profile: Medical Biller* sponsored by OCC, 2016. OCC's Workforce Development Programs have been funded under a 2.5M United States Department of Labor TAACCCT Grant whose purpose is to facilitate greater employment by improving education. For more information visit: http://bit.ly/occ-taaccct-iv