NOTICE OF PROPOSED CLASSIFICATION ACTIONS BY
THE HUMAN RESOURCES DIRECTOR

The following actions are being posted in accordance with Civil Service Rule 109. In the absence of a protest addressed to the Human Resources Director, the proposed changes will become final seven (7) calendar days from the posting date.

Posting No: 01
Fiscal Year: 2015/2016
Posted Date: 07/01/2015
Reposted Date: N/A

AMEND THE FOLLOWING JOB SPECIFICATION(S):
(Job specification(s) attached.)

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<th>Item #</th>
<th>Job Code</th>
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<td>1635</td>
<td>Health Care Billing Clerk I</td>
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<td>2</td>
<td>1636</td>
<td>Health Care Billing Clerk II</td>
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Protests on an item should be addressed to the Human Resources Director and can be submitted by mail to the City and County of San Francisco, Department of Human Resources, 1 South Van Ness Ave, 4th Floor, San Francisco, CA 94103 or by email to DHR.ClassificationActionPostings@sfgov.org. All protests must be received in writing no later than close of business seven (7) calendar days from the posting date, and must include the posting and item number(s), the basis on which the protest is submitted and identify the affected parties.

For additional information regarding this proposed classification action, please contact Megan Siems, Senior Classification and Compensation Analyst, at (415) 557-4898 or by email at Megan.Siems@sfgov.org.


cc: All Employee Organizations
    All Departmental Personnel Officers
    DHR – Class and Comp Unit
    DHR – Client Services Unit
    DHR – Employee Relations Unit
    DHR – Recruitment and Assessment Unit
    DHR – Client Services Support Services
    Micki Callahan, DHR
    Michael Brown, CSC
    Sandra Eng, CSC
    Linda Cosico, DHR
    Maria Newport, SFERS
    Risa Sandler, Controller/Budget Division
    Devin Macaulay, Controller/ Budget Division
    Theresa Kao, Controller/ Budget Division
    Drew Murrell, Controller/ Budget Division
    Alex Koskinen, Controller/ Budget Division
    E-File
INTRODUCTION
Under supervision, reviews and evaluates, medical claims to third-party payers, other than Medicare and Medi-Cal for services provided to patients by the Department of Public Health Services of the City and County of San Francisco and performs related duties as required.

DISTINGUISHING FEATURES
This classification is the entry-level class in the series and is distinguished from the 1636 Health Care Billing Clerk II by the complexity types of the medical claims that are processed. Examples of such claims are as follows: insurance companies, Workmen's Compensation, Crippled Children's Services, out of state carriers, prepaid health plans, State Disability Insurance. The 1635 Health Care Billing Clerk I classification is responsible for reviewing and evaluating all types of claims, including updating insurance information, and may process routine claims whereas the Health Care Billing Clerk II is responsible for processing all types of claims, processing all types of claims except for Medicare and Medi-Cal claims, which are processed by the Health Care Billing Clerk II classification.

SUPERVISION EXERCISED
None.

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES
According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Reviews, evaluates, and may process bills for services rendered to patients in order to obtain reimbursement from various insurance carriers and government programs, insurance companies, State Disability and other sources.

2. Evaluates billing documents and claims data for accuracy and completeness, obtaining missing or correct data when necessary from such sources as the patient's medical record, discharge summary, Admissions forms and others.

3. Prepares the claims forms by completing the information required and categorizing the billing charges by grouping them according to types of medical services provided.

4. Sends tracers on unpaid accounts at predetermined intervals. Reviews electronic and lockbox payments and posts to corresponding accounts.

5. Researches questions and concerns, problems, and provides assistance to patients, physicians, insurance and legal representatives, and others regarding claims reimbursement and coverage.

6. Queries electronic databases cathode ray terminals in order to verify patient's medical records number to ensure that the proper medical chart is requested.

IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES
Requires working knowledge of: medical claims processing for reimbursement; basic medical terminology; modern office practices and procedures; payment posting procedures.
Title: Health Care Billing Clerk I
Job Code: 1635

Requires ability to: perform detailed clerical work in a methodical and thorough manner and with speed and accuracy; read and analyze a medical chart; deal courteously and effectively with a variety of people; perform basic math. Requires sufficient skill in typing to complete a minimum of 25 net words per minute.

Skill in: operating a ten-key adding machine and operating a personal computer using word processing, spreadsheet and database software and interpreting a cathode ray terminal will be acquired on the job.

MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Education:

Experience:

Requires at least six (6) months of clerical experience processing claims for health, accident and disability insurance for reimbursement purposes.

License and Certification:

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

To: 1636 Health Care Billing Clerk II
From: Entrance exam

ORIGINATION DATE: 10/2/1979
AMENDED DATE: 7/xx/2015
REASON FOR AMENDMENT To accurately reflect the current tasks, knowledge, skills and abilities defined in the most recent job analysis conducted for this job code.

BUSINESS UNIT(S): COMMN
INTRODUCTION

Under general supervision, processes difficult and complex medical claims to Medicare, Medi-Cal, commercial and third-party payers for services provided to patients by the Department of Public Health Services of the City and County of San Francisco and performs related duties as required under the provisions of MediCare and MediCal and perform related duties as required.

DISTINGUISHING FEATURES

This classification is the journey-level class in the series responsible for performing the full range of duties. The 1636 Health Care Billing Clerk II is distinguished by the types of medical claims that are processed. The classification is solely responsible for processing all types of claims being submitted, including for Medicare and Medi-Cal reimbursement, and, including Short-Doyle and Short-Doyle, Medi-Cal. The 1636 Health Care Billing Clerk II is distinguished from the 1635 Health Care Billing Clerk I in that the latter may process routine claims and is primarily responsible for reviewing and evaluating claims whereas the 1636 processes all types of claims including those that are difficult and complex. All other types of claims are processed by the Health Care Billing Clerk I classification.

SUPERVISION EXERCISED

None.

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Processes bills and claims for services rendered to patients in order to obtain reimbursement from Medicare, Medi-Cal, commercial, and third-party payers. Based upon current governmental billing rules and regulations.

2. Evaluates billing documents and claims data for accuracy, completeness and program compliance.

3. Prepares the initial claims and the follow-up claim if necessary by categorizing charges according to the types of medical services provided, completing medical information, verifying that all charges relate to the diagnosis and calculating the charges and benefits according to regulations.

4. Spends down Medi-Cal share of cost in order to certify monthly coverage to allow processing of claims.

5. Posts payments received from various payers, including Medicare, Medi-Cal, commercial, and third-party payers. Amounts paid and

6. Sends Claims inquiry forms (CIFs), appeals, and tracers on unpaid accounts at predetermined intervals.

7. Researches questions and denial problems and provides assistance to patients, physicians, insurance and legal representatives, fiscal intermediaries and other regarding claims reimbursement and coverage bills and program eligibility.
Title: Health Care Billing Clerk II
Job Code: 1636

86. Produces reports relevant to billing and claims activities using electronic databases. Keeps statistics, such as a count of the number of days that patients have spent on certain types of wards, information for audits and daily production reports.

IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

Requires working Advanced knowledge of: medical claim processing for reimbursement from Medicare, Medi-Cal, commercial, and third-party payers; basic medical terminology; modern office practices and procedures; Requires familiarity with MediCare and Medi-Cal rules and regulations, including Short-Doyle and Short-Doyle Medi-Cal system; payment posting procedures applicable to billing for reimbursement.

Requires Ability to: perform detailed clerical work in a methodical and thorough manner with speed and accuracy; read and analyze a medical chart; deal courteously and effectively with a variety of people; perform basic math.

Requires sufficient Skill in: typing to complete a minimum of 25 net words per minute; skill in operating a ten-key adding machine and operating a personal computer using word processing, spreadsheet and database software. Skill in operating and interpreting a cathode ray terminal will be acquired on the job.

MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Education:

Experience:

Requires at least One (1) year of clerical experience processing claims for health, accident and disability insurance for reimbursement purposes.

License and Certification:

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

To: 1637 Patients Accounts Clerk
From: 1635 Health Care Billing Clerk I

ORIGINATION DATE: 10/2/1979
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES

Title: Health Care Billing Clerk II
Job Code: 1636

AMENDED DATE: 7/xx/2015

REASON FOR AMENDMENT To accurately reflect the current tasks, knowledge, skills and abilities defined in the most recent job analysis conducted for this job code.

BUSINESS UNIT(S): COMMN