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: 19  
Fiscal Year: 2016/2017  
Posted Date: 10/20/2016  
Reposted Date: N/A

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

<table>
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<th>Item #</th>
<th>Job Code</th>
<th>Title</th>
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<tbody>
<tr>
<td>1</td>
<td>1635</td>
<td>Health Care Billing Clerk I</td>
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<tr>
<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 Victor H Vallejo, Clerk, at (415) 557-4894 or by email at Victor.h.Vallejo@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 Operations  
Micki Callahan, DHR  
Michael Brown, CSC  
Sandra Eng, CSC  
Christopher Colandene, SFERS  
Devin Macaulay, Controller/ Budget Division  
Theresa Kao, Controller/ Budget Division  
Drew Murrell, Controller/ Budget Division  
E-File
CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES  

Title: Health Care Billing Clerk I  
Job Code: 1635  

INTRODUCTION  

Under supervision, reviews and evaluates medical claims to third-party payers, 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 of the medical claims processed. The 1635 Health Care Billing Clerk I 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.  

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.  
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. Reviews electronic and lockbox payments and posts to corresponding accounts.  
5. Researches questions and concerns, and provides assistance to patients, physicians, insurance and legal representatives, and others regarding claims reimbursement and coverage.  
6. Queries electronic databases 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  

Knowledge of:  
Medical claims processing for reimbursement; basic medical terminology; modern office practices and procedures; payment posting procedures.  

Ability and Skill to:  
Perform detailed clerical work in a methodical and thorough manner and with speed and
Title: Health Care Billing Clerk I  
Job Code: 1635

accuracy; read and analyze a medical chart; deal courteously and effectively with a variety of people; perform basic math; operate a ten-key adding machine and operate a personal computer using word processing, spreadsheet and database software.

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:

Six (6) months of clerical experience processing claims for health, accident and disability insurance for reimbursement purposes using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect medical claims from Medi-Cal (Medicaid), Medicare, third-party payers, and individual payers in a hospital or healthcare system within the last five (5) years.

License and Certification:

Substitution:

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

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

ORIGINATION DATE: 10/02/1979

AMENDED DATE: 07/09/2015; XX/XX/2016

REASON FOR AMENDMENT: To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.

BUSINESS UNIT(S): COMMN SFMTA SFCCD SFUSD
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.

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 responsible for processing all types of claims submitted, including for Medicare and Medi-Cal reimbursement 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.

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.
6. Sends Claims inquiry forms (CIFs), appeals, and tracers on unpaid accounts at predetermined intervals.
7. Researches questions and denials and provides assistance to patients, physicians, insurance and legal representatives, fiscal intermediaries and other regarding claims reimbursement and
Title: Health Care Billing Clerk II  
Job Code: 1636

coverage.
8. Produces reports relevant to billing and claims activities using electronic databases.

IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

Knowledge of:
Medical claim processing for reimbursement from Medicare, Medi-Cal, commercial, and third-party payers; medical terminology; modern office practices and procedures; Medicare and Medi-Cal rules and regulations, including Short-Doyle Medi-Cal system; payment posting procedures.

Ability and Skill 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; operate a ten-key adding machine and operate a personal computer using word processing, spreadsheet and database software.

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:
One (1) year of clerical experience processing claims for health, accident and disability insurance for reimbursement purposes using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect medical claims from Medi-Cal (Medicaid), Medicare, third-party payers, and individual payers in a hospital or healthcare system within the last five (5) years.

License and Certification:

Substitution:

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES
Title: Health Care Billing Clerk II  
Job Code: 1636

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

ORIGINATION DATE: 10/02/1979

AMENDED DATE: 07/09/2015; XX/XX/2016

REASON FOR AMENDMENT To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.

BUSINESS UNIT(S): COMMN SFMTA SFCCD SFUSD