

City and County of San Francisco
Micki Callahan
Human Resources Director



Department of Human Resources
Connecting People with Purpose
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**NOTICE OF FINAL ACTION TAKEN BY THE
HUMAN RESOURCES DIRECTOR**

Date: March 13, 2018

Re: **Notice of Proposed Classification Actions – Final Notice No. 27 FY 17/18 (copy attached).**

In the absence of requests to meet addressed to the Human Resources Director, the classification actions contained in the above referenced notice became effective March 13, 2018.

Micki Callahan
Human Resources Director

by: _____

Steve Ponder
Classification and Compensation Director
Human Resources

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
Theresa Kao, Controller/ Budget Division
E-File

**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: 27
Fiscal Year: 2017/2018
Posted Date: 03/05/2018
Reposted Date: N/A

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

Item #	Job Code	Title
1	1635	Health Care Billing Clerk I
2	1636	Health Care Billing Clerk II
3	1637	Patient Accounts Clerk

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 Stephen Fu, Management Assistant, at (415) 701-5680 or by email at Stephen.Fu@sfgov.org.

Copies of this notice may be obtained from the Department of Human Resources or from the website at: <http://sfdhr.org/index.aspx?page=109>. Copies of Civil Service Rule 109 may be obtained from the Department of Human Resources, the office of the Civil Service Commission at 25 Van Ness Ave, Suite 720, San Francisco, CA 94102 or from the website at: [Rule 109 Position Classification and Related Rules | Civil Service Commission](#).

cc: All Employee Organizations
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**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. This classification is the entry-level class in the series.

DISTINGUISHING FEATURES

The 1635 Health Care Billing Clerk I is responsible for reviewing and evaluating all types of claims, including updating insurance information, and processes 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 processes 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 sources *such* as the patient's medical record, discharge summary, and Admissions forms.
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.

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DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk I
Job Code: 1635**

Ability and Skill 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; 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 experience using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect medical claims for 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:

Completion of 15 semester units or 22 quarter units of medical billing related coursework from an accredited college or university may substitute for six (6) months of qualifying experience .

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

To: 1636 Health Care Billing Clerk II

ORIGINATION DATE: 10/02/1979

AMENDED DATE: 03/13/18

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk I
Job Code: 1635**

REASON FOR AMENDMENT

*To accurately reflect the current tasks, knowledge, skills & abilities,
and minimum qualifications.*

BUSINESS UNIT(S):

COMMN SFMTA SFCCD SFUSD

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk II
Job Code: 1636**

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. This classification is the journey-level class in the series responsible for performing the full range of duties.

DISTINGUISHING FEATURES

The 1636 Health Care Billing Clerk II is distinguished from the 1635 Health Care Billing Clerk I in that the latter processes 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

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**Title: Health Care Billing Clerk II
Job Code: 1636**

reimbursement and 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; 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 experience using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect medical claims for 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:

Completion of 15 semester units or 22 quarter units of medical billing related coursework from an accredited college or university may substitute for six (6) months of qualifying experience.

SUPPLEMENTAL INFORMATION

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

**Title: Health Care Billing Clerk II
Job Code: 1636**

PROMOTIVE LINES

To: 1637 Patients Accounts Clerk

From: 1635 Health Care Billing Clerk I

ORIGINATION DATE: 10/02/1979

AMENDED DATE: 03/13/18

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

BUSINESS UNIT(S): COMMN SFMTA SFCCD SFUSD

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patient Accounts Clerk
Job Code: 1637**

INTRODUCTION

Under general supervision, collects payments on delinquent accounts for services that have been rendered to patients of the Department of Public Health.

DISTINGUISHING FEATURES

This classification is distinguished from the classifications of 1635 Health Care Billing Clerk I and 1636 Health Care Billing Clerk II in that the 1637 Patient Accounts Clerk monitors the work of Billing Clerks by following the individual accounts through to completion and making sure that all the billing recommendations have been followed.

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 and edits bills and claims to make sure the information is accurate and complete.
2. Collects payments on outstanding accounts for which tracers have already been sent according to predetermined schedules.
3. Performs the more technically difficult or complicated billing, accounts receivable, or collections work of the unit, including preparing spreadsheets on more difficult accounts.
4. Compiles information and prepares all documents for transferring outstanding accounts to the Bureau of Delinquent Revenue of the Tax Collector's Office following procedures as specified in the City Charter.
5. Handles specialized accounts, such as the "full bill" accounts in which payments are made directly by the patient rather than by a third-party payer and accounts involving lawsuits and estates.
6. Communicates with patients, physicians, insurance representatives and other for the purpose of collecting payments.

IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

Knowledge of: Complex government and commercial regulations applicable to billing for reimbursement; priority of billing Medicare and Medi-Cal based on the patient's types of

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**Title: Patient Accounts Clerk
Job Code: 1637**

coverage; accounts receivable procedures; credit interviewing techniques; legal requirements for transferring accounts to the Bureau of Delinquent Revenue and basic concepts of Electronic Data Processing.

Ability and Skill to: Perform accurate mathematical calculations; interpret complex laws and regulations; exercise judgment in determining follow-up actions; communicate effectively orally and in writing; establish and maintain effective working relationships; and use a personal computer to enter and update data, create documents and use system applications, e-mail, spreadsheets, and word-processing 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:

Two (2) years of experience using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect medical claims for 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:

Completion of 15 semester units or 22 quarter units of medical billing related coursework from an accredited college or university may substitute for six (6) months of qualifying experience .

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

To: 1662 Patient Accounts Assistant Supervisor

From: 1636 Health Care Billing Clerk II

ORIGINATION DATE: 10/02/1979

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

**Title: Patient Accounts Clerk
Job Code: 1637**

AMENDED DATE: 03/13/18

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

BUSINESS UNIT(S): COMMN SFMTA SFCCD SFUSD