# 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 <a href="mailto:DHR.ClassificationActionPostings@sfgov.org">DHR.ClassificationActionPostings@sfgov.org</a>. 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 <a href="Stephen.Fu@sfgov.org">Stephen.Fu@sfgov.org</a>.

Copies of this notice may be obtained from the Department of Human Resources or from the website at: <a href="http://sfdhr.org/index.aspx?page=109">http://sfdhr.org/index.aspx?page=109</a>. 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: <a href="Rule 109 Position Classification and Related Rules">Rule 109 Position Classification and Related Rules</a> | Civil Service Commission.

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

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. This classification is the entry-level class in the series.

#### **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 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 may 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 <u>such</u>-sources <u>such</u> as the patient's medical record, discharge summary, <u>and</u> 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:

Title: Health Care Billing Clerk I

**Job Code: 1635** 

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 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 experience using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect \_medical claims from 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

From: Entrance Exam

**ORIGINATION DATE:** 10/02/1979

**AMENDED DATE:**  $\frac{11/7/2016}{03}$ **XX**/18

**REASON FOR AMENDMENT** *To accurately reflect the current tasks, knowledge, skills & abilities,* 

and minimum qualifications.

Title: Health Care Billing Clerk I

**Job Code: 1635** 

BUSINESS UNIT(S): COMMN SFMTA SFCCD SFUSD

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-Services of the City and County of San Francisco and performs related duties as required. This classification is the journey-level class in the series responsible for performing the full range of duties.

## **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 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 **<u>iInquiry</u> <u>fForms</u>** (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

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; 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 experience using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect medical claims from-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**

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:** 11/0/2016 03/XX/18

**REASON FOR AMENDMENT** *To accurately reflect the current tasks, knowledge, skills & abilities,* 

and minimum qualifications.

BUSINESS UNIT(S): COMMN SFMTA SFCCD SFUSD

**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—Services of the City and County of San Francisco:

## **DISTINGUISHING FEATURES**

This classification differs is distinguished from the classifications of 1635 Health Care Billing Clerk I and 1636 Health Care Billing Clerk II in that the subject classification is not responsible for actual billing for reimbursement. Rather, 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. This requires knowledge of the procedures used by the Health Care Billing Clerk I and II classifications.

#### 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. Is involved in considerable contact Communicates with patients, physicians, insurance representatives and other for the purpose of collecting payments.

## IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

## Knowledge of:

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

**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:

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; use a 10-key adding machine; 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 <u>(2)</u> years of experience using Universal Billing and/or CMS/HCFA 1500 Forms to bill and/or collect medical claims <u>from-for</u> 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: 1663 Patients Accounts Supervisor 1662 Patient Accounts Assistant Supervisor

From: 1636 Health Care Billing Clerk II

**ORIGINATION DATE**: 10/02/1979

**AMENDED DATE:** 2/02/16 03/XX/18

**Title: Patient Accounts Clerk** 

**Job Code: 1637** 

**REASON FOR AMENDMENT** *To accurately reflect the current tasks, knowledge, skills & abilities,* 

and minimum qualifications.

BUSINESS UNIT(S): COMMN SFMTA SFCCD SFUSD