BENTON COUNTY POSITION DESCRIPTION

CLASSIFICATION	BAND	GRADE	SUBGRADE	FLSA STATUS
Business Specialist	B	2	2	Non-Exempt

POSITION TITLE:	**Business Service Representative**	**POSITION#**:	
☐**New** ☒**Revised**	**Date:**	**9/28/26**	
SERVICE TYPE:	AFSCME		

Employee Name:		**Department:**	**Health Administration**	**Supervisor:**	**Revenue Cycle Optimization Manager**
FTE:	1.0	**Employment Status:**	Regular Full Time		

Position Summary:

Ensure all billable services rendered are processed timely, billed and adjudicated in compliance with Federal, State and Insurance specific billing guidelines. May provide specialization and focus in one or more areas of Health Services, as assigned.

Essential Duties:

No.	Major Functional Area (MFA)	% of Time
1	**MFA**: Patient Account Maintenance **Essential Duties**: • Review, research, correct and process or re-process patient accounts through work queues; monitor demographics, insurance information (establish eligibility and verify claim status), account balances and billing appropriateness for accuracy. • Identify potential errors or discrepancies in diagnosis, procedure, and service coding, and route identified issues to providers, coders, or other authorized staff for review and corrections. • Review and reconcile billing for laboratory, immunization, and other ancillary services; research and correct billing discrepancies as appropriate. • Research potential duplicate patient accounts and submit account merge requests to the compliance manager for review. • Report Epic system errors to OCHIN through billing team lead and SOS team. • Maintain/Update tracking system for prior authorization of BH services and other assigned services.	40%
2	**MFA**: Payments, Denials Management, and Account Resolution **Essential Duties**: • Review and post payments including insurance explanation of benefits detail and denials to patient accounts. • Reviews, investigates, and actively works insurance claim denials, rejections, and underpayments to support accurate reimbursement and minimize avoidable write-offs. • Communicates with payers, providers, and internal staff to resolve claim issues and obtain payment whenever possible before recommending adjustments or write-offs. • Maintains thorough documentation of denial resolution activities, write off explanations, and payer correspondence. • Monitors payer requirements, appeal deadlines, and regulatory guidelines to ensure timely and effective follow-up. • Calculate and post the appropriate discounts, write offs and adjustments compliant with policy, insurance contracts and Medicare/Medicaid guidelines. • Prepare daily deposit reports.	30%

	• Review and resolve credit balances and prepare refunds in accordance with established procedures.	
3	**MFA**: Claims Processing and Billing **Essential Duties**: • Prepare, review, and submit electronic and paper claims and supporting documentation in accordance with payer and program billing requirements. • Review and submit corrected, adjusted, secondary, and other specialized claims as needed. • Process billing associated with workers' compensation, motor vehicle, commercial insurance, and other assigned payer or program requirements. • Research claim processing errors and coordinate corrections necessary for successful claim submission and adjudication • Complete data entry and provide liaison services for CCARE, Children's Farm Home, flu clinics, PEO and other ancillary services for MH. • Complete reports for ORCHIDS and Medicare credit balances. • Maintain and process billing documentation in accordance with health information privacy, records management, and organizational requirements.	10%
4	**MFA**: Customer Service **Essential Duties**: • Assist clients with questions regarding insurance coverage, billing, account balances, payment responsibilities, and available financial assistance processes in person or from the designated billing phone line. • Serve as a billing and patient account resource for processes related to self-pay or insurance billings, provide staff training as needed. • Ensure security access and training to appropriate staff for all Web sites that provide insurance verification, authorization, claims status and correction and EOB details. • Explain, interpret, make recommendations on financial policy and procedures, on program workflows, and on HIPAA and patient privacy issues related to billing.	10%
5	**MFA:** Self Pay and Collections **Essential Duties:** • Validate/correct FPL and Sliding Fee Scale Discount status • Establish payment plans and follow up, update and take appropriate action to ensure compliance with collections processes. • Review to approve or deny the awarding and utilization of Sponsored Care Funds. • Make client reminder and collection calls, prepare and send past due and collection notices per financial process. • Make determinations on account status, flag for bad debt or collections, review, prepare and submit monthly collection file to collection agency. • Liaison with collection agency on agency accounts, restore account status to good standing when debt obligations are satisfied. • Work directly with clients having accounts in "bad debt" or "collections" status prior to service, to ensure compliance with financial policies and processes. • Process NSF checks and returned mail, take appropriate action on client accounts.	10%
Percentages should total 100%		**100%**

Special Requirements:

Position requires 2 years experience in health care billing and collections related activities. Intermediate to advanced skill level in Microsoft Word, Excel and Outlook desired. Direct experience with the OCHIN practice Management system and Electronic Health Record preferred. Spanish bilingual required

Physical Requirements:

Physical Demands:
While performing the duties of this job, the employee is frequently required to use hands to finger, handle or feel; talk; or hear. The employee is occasionally required to stand; walk; sit; reach with hands and arms; and stoop; kneel; or crouch The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, depth perception and ability to adjust focus.

Work Environment:
The employee works in well-lighted, clean environments. The noise level in the work environment is quiet to moderate. **Check the following that applies to this position:** The employee may occasionally: ☒ work with angry or hostile clients or members of the public, ☐ work with toxic substances and biohazards, and ☒ exposure to infectious illnesses.

Emergency Preparedness:

Benton County is committed to emergency preparedness planning and implementation, and disaster recovery. In the case of a Health Department, County, State, Federal or other emergency or disaster, this position may be called upon to assist in responding. This may require the assignment of additional responsibilities, depending on the circumstances. These responsibilities could include unscheduled temporary changes in work schedule and/or work duties, including evenings and weekends, work relocation, overtime, working with other community agencies such as the local Fire Department, hospitals, the Red Cross and other emergency responders. The ability to be flexible is critical in our overall response to the emergency or disaster. Under Emergency situations this position may be called in to work, supporting Administration in regular duties or other work as assigned. Per County personnel policy, this position may be included in the agency's essential personnel for emergency/disaster response.

Quality Improvement Participation:

Employees are expected to participate in improving BHS' performance, processes, and programs through quality improvement activities, use of the PDSA model and participating on QI teams as assigned.

NOTE: The above job description is intended to represent only the key areas of responsibilities; specific position assignments will vary depending on the business needs of the department.

Employee:_____Date:_____

Immediate Supervisor:_____Date:_____