Health Insurance Specialist Job Description

Health Insurance Specialist—A Scenario

David is a health insurance specialist who has been working in Dr. Roberts' office for several years. In January, several things changed in terms of health insurance from the previous year.

First, the procedural (CPT) codes for several procedures that Dr. Roberts routinely performs changed since last year, effective January 1.

Second, the rates for Medicaid, Medicare, and several private health insurance policies changed. This meant that David will now have to bill insurance companies at different rates than he did last year.

Third, one of the health insurance companies that Dr. Roberts has a contract with has changed the way in which claims must be submitted. They must now submit all claims online.

David has to attend an online training session to find out how to submit the claims correctly. Besides having to learn about these new policies, standards, and procedures, David finds that he submitted a couple of claims using incorrect diagnostic codes. Therefore, he must resubmit them to the insurance companies as they were denied the first time. If he does not resubmit them, Dr. Roberts will not be reimbursed.

Therefore, it is very important that David has complete and up-to-date knowledge about the scope of practice and job as a health insurance specialist.

Scope of Practice for a Health Insurance Specialist

The scope of practice for a health insurance specialist describes the profession, defines qualifications and responsibilities, and explains supervision requirements.
Definitions of Health Insurance Specialist

A health insurance specialist can be defined as an individual who interacts with patients, healthcare providers, and insurance companies to clarify health insurance coverage and financial responsibility; processes insurance claims; and appeals claims that have been denied.

Health Insurance Specialist Qualifications

The qualifications for a career as a specialist in health insurance are as follows:

- Must be a graduate of a health insurance specialist certificate or degree program
- Must have one year of experience
- Should demonstrate working knowledge of, and proficiency in, insurance billing or the collection process
- Should possess excellent organizational skills
- Must be able to manage multiple tasks
- Should be proficient in registration, billing, spreadsheet, and word processing computer software applications
- Must obtain an American Academy of Professional Coders (AAPC), American Health Information Management Association (AHIMA), or American Medical Billing Association (AMBA) certification

Health Insurance Specialist Responsibilities

The responsibilities of a health insurance specialist majorly include:

- Using medical management computer software to process claims, to assign codes to diagnoses, services, and procedures, and to manage records.
- Communicating with healthcare providers, patients, and insurance companies about coverage and reimbursement.
• Staying current on new state and federal regulations and laws.

• **Health Insurance Specialist Supervision Requirements**

  The work done by a health insurance specialist requires continuous supervision. However, the physical presence of a supervisor is not necessary when the responsibilities are being performed.

**Health Insurance Specialist Job Description**

The job description of a health insurance specialist describes the tasks that a health insurance specialist will need to perform as part of his or her job responsibilities. The common tasks are listed as follows:

• Coding all patient diagnosis, procedures, and services accurately
• Applying state and federal rules and regulations for applicable insurance programs
• Posting charges, payments, and adjustments to patient accounts
• Ensuring all claims are accurate and complete for prompt reimbursement
• Ensuring proper processing and payment of each claim
• Correcting errors and resubmitting unprocessed and returned claims
• Preparing appeals for underpaid, unpaid, or unjustly recoded claims
• Rebilling all claims not paid within 30 to 45 days

• Communicating with healthcare providers and staff regarding fraud, abuse, coding changes, new documentation guidelines, and updated payer requirements

• Maintaining an audit system to ensure required pretreatment authorizations have been received and entered into the billing and treatment records

• Explaining insurance benefits, policy requirements, and filing rules to patients

• Maintaining the confidentiality of patient information
Health insurance specialists should purchase professional liability insurance. Professional liability insurance provides protection against liabilities arising out of errors and omissions that can occur during claims processing.