

**Title of Position: Billing Specialist**

**Nature of Position:** The billing specialist will be responsible for working with the team to assure that claims are processed in a timely and efficient manner.

1. **Qualifications**

1. High school diploma or GED
2. Two years medical office experience, billing experience a plus.
3. Competent with computers including experience in Microsoft Windows/Office programs, specifically Microsoft Word and Excel.
4. Excellent customer service to both internal and external customers
5. Willingness to work cooperatively in a team setting
6. Ability to demonstrate accuracy and thoroughness ensuring the highest possible quality.
7. Ability to maintain a strong work ethic without direct supervision at all times
8. Effective oral and written communication
9. Ability to make timely, informed decisions that take into account the facts, goals, constraints, and risks related to all aspects of the organization
10. **Responsible to:**  Revenue Cycle Manager
11. **Responsibilities:**

 Data Management Specialist

* Checking eligibility and benefits verification for office procedures.
* Reviewing patient bills for accuracy and completeness, and obtaining any missing information.
* Preparing, reviewing, and transmitting claims using billing software, including electronic and paper claim processing.
* Working daily schedules from offices to ensure all charges are correct.
* Following up on unpaid claims within standard billing cycle timeframe.
* Checking each insurance payment for accuracy and compliance with contract discount.
* Calling insurance companies regarding any discrepancy in payments if necessary
* Identifying and billing secondary or tertiary insurances.
* Reviewing accounts for insurance of patient follow-up.
* Claim Denial Management: refiling, researching and appealing denied claims.
* Answering all patient or insurance telephone inquiries pertaining to assigned accounts.
* Setting up patient payment plans and work collection accounts.
* Updating cash spreadsheets, and running collection reports.
* Posting all insurance payments received, as assigned.
* Work with sites to assure that payments are posted daily and information is accurate
* Daily posting and balancing, as assigned
* Other duties as assigned

**Training Requirements:**

Patient Centered Medical Home Orientation

HIPPA Compliance

OSHA

New Employee Orientation

Annual training reviews

Cultural Sensitivity

Customer Service Excellence

Quality Improvement

Other trainings as needed to meet the needs of the organization

\*HCCH provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, HCCH complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

HCCH conducts background checks on all final candidates. Employment is contingent upon a clear background check or approval of the CEO.

**I have read and understand this job description and certify that I can perform all the essential functions of this job. I have received a copy of the job description.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_