HEARTLAND COMMUNITY HEALTH CENTER
Billing Specialist Position Description

The Billing Specialist, a key position in the Revenue Cycle, manages the claims process, including accurate and timely claim creation, follow-up and correspondence with providers, insurance inquiries/correspondence. The incumbent will assist in the clarification and development of process improvements and inquiries, assure payments related to patient services from all sources are recorded and reconciled timely in order to maximize revenues. Other important duties include credentialing, enrollment processing, and reporting.

Principal Accountabilities:

• Billing and Claims –
  o Prepares and submits clean claims to third party payers either electronically or by paper.
  o Maintains relationship with clearinghouse, including appropriate follow-up with support issues.
  o Coordinate the process of patient eligibility through various third party sources.
  o Coordinate collection process, to include any projects from Medisoft accounts and tracking current collections in eClinicalWorks.
  o Manage monthly statement process, to include reviewing statements before mailing and field any patient inquiries the Patient Services staff needs to escalate.
  o Coordinate and administer policy and procedure for sliding scale.
  o Work with reception staff, ensure appropriate collection of co-pay, spend down and self pay fees.
  o Handles patient inquiries and answers questions from clerical staff and insurance companies.
  o Identifies and resolves patient billing problems.
  o Denial and insurance follow-up management.
  o Issues adjusted, corrected, and/or rebilled claims to third party payers.
  o Posts adjustments, transfer of responsibility and refunds, as necessary.
  o Assure coding is compliant and up to date.
  o Reviews accounts and makes recommendations to the Controller regarding non collectible accounts.
  o Maintains strictest confidentiality; adheres to all HIPAA guidelines/regulations.

• Credentialing –
  o Maintain up-to-date credentials for each licensed provider, including verification through primary and secondary sources, records, and relay credentialing information to relevant personal as needed. Keeps accurate records of provider licensure/ certification renewals. Assist Human Resources in vetting prospective providers as needed, Provide appropriate information so that CEO and Board of Directors can complete the privileging process.
  o Coordinate provider enrollments in all commercial, state and federal insurance programs. Correspond with and provide updates to insurances.

• Reporting –
  o Coordinate all non-financial aspects of the UDS. Assist Controller with financial aspects and assemble data tables on the EHR.
  o Provide data and support to Quality Control / Quality Assurance / Finance Committee as needed.
  o Provide accurate compliance reporting data, reporting through eBO queries as needed.

• Other –
  o Initiate and maintain annual eligibility for the Federal Tort Claims Act (FTCA) insurance coverage.
  o Create or maintain policy and procedures for all areas of job responsibilities.

Job Requirements:

• Knowledge of medical billing / collection practices required
• Strong keyboard skills.
• Works well in environment with firm deadlines; results oriented.
• Perform multiple tasks effectively.
• Able to work both independently and as part of a team.
• Strong analytical skills required.
• Capable of making timely, independent decisions.

Experience:
• Previous medical billing experience including knowledge of billing related reporting; 3 - 5 years’ experience in health-care billing & collection practices, preferably with an FQHC,
• Experience working with medical payers including Medicare, Medicaid, KanCare, and commercial insurance,
• Working knowledge of medical billing systems, particularly eClinicalWorks,
• Experience with Medicaid’s State Eligibility System,
• Working knowledge of CPT and ICD-9 & ICD-10 coding systems; Coding certification preferred,
• An Associate Degree from an accredited university with credentials in billing / coding preferred,
• Excellent organizational skills, and
• Proficiency in Microsoft Office Suite

Physical and Cognitive Requirements:
• Requires full range of body motion including manual finger dexterity and eye-hand coordination.
• Able to lift 25 pounds.

To apply, email your resume to jobs@heartlandhealth.org.