



Billing and Collections Specialist

Reports to: Revenue Cycle Supervisor
Department: Finance
Program (if applicable): N/A
Job Status: Non-Union

Classification: Exempt
UDS Code: 030B Fiscal and Billing Staff
Date Revised: 07/22/2024
Revised by: Director of Finance & Revenue Cycle

MAJOR FUNCTION

This position collaborates closely with the Revenue Cycle Manager & Revenue Cycle Supervisor, to ensure the seamless execution of day-to-day operations within the Billing Department. With a focus on detail and accuracy, the Billing and Collections Specialist will work to ensure the timely of provider encounters for submission to insurance companies. They will also work with the Revenue Cycle Specialist and revenue cycle vendor(s) to research and resolve billing issues.

ESSENTIAL FUNCTIONS

1. Billing and Claims Management:

- Prepare and submit accurate and timely medical claims to insurance companies or government programs (e.g., Medicare, Medicaid).
- Verify insurance eligibility and benefits for patients, as needed.
- Assist with claims follow-up to promptly resolve billing discrepancies and denials.
- Collaborate with healthcare providers and relevant department staff to resolve billing discrepancies.

2. Revenue Cycle Management:

- Monitor accounts receivable to ensure timely payment and reduce aging of accounts.
- Process payments, adjustments, and refunds accurately.
- Reconcile billing discrepancies and resolve billing issues.
- Works with the Patient Access department (Medical and/or Dental) to resolve billing and registration issues.

3. Compliance and Documentation:

- Maintain compliance with coding and billing regulations, including HIPAA, CPT coding guidelines, and local coverage determinations.
- Ensure timely and accurate submissions for Medicare and Medicaid WRAP billing and NJ Letter of Agreement (LOA) billing.

4. Revenue Analysis and Reporting:

- Generate and analyze reports related to billing, collections, and revenue cycle metrics.
- Identify trends, discrepancies, or areas for improvement in the billing process.
- Provide regular updates to management on billing and collection activities.

ADDITIONAL RESPONSIBILITIES:

- Works closely with Revenue Cycle Manager, Supervisor and/or Director to establish priorities in duties/responsibilities
- Works closely with the Revenue Cycle Specialist with the goal of maximizing revenue for HJAHC.
- Manage relationships with outsourced revenue cycle vendor(s).
- Attend Medical Staff meetings and deliver special presentations as needed.
- Collaborate with all employees to achieve Henry J. Austin Health Center's goals and objectives, following established policies and procedures.
- Demonstrate willingness and flexibility to perform tasks and projects assigned in the Finance Department.
- Stay updated on healthcare regulations and reimbursement trends to optimize revenue generation.
- Assist in training new staff members on revenue cycle processes and procedures as needed.
- Ability to keep up with multiple deadlines, project goals, and to keep up with high volume of work.
- Performs any additional duties as may be assigned by supervisor, manager or director.
- Works on special projects as needed/assigned.
- Duties, responsibilities and activities may change, or new ones may be assigned at any time with or without notice.

PREREQUISITES:

- Minimum of 2-3 years of billing experience **required** in a healthcare setting.
- Minimum of 4-5 years of experience in FQHC settings preferred with an understanding of the workings of City, State and Federal assistance programs such as LOA, HRSA, and Grants.
- Proficiency in Athena EHR system preferred.

LICENSURE AND/OR CERTIFICATIONS

- Organization reserves the right to request certifications and/or licensures as needed.

EDUCATION & EXPERIENCE:

- High School Diploma required, bachelor's degree preferred, or some college combined with equivalent experience.
- Proficiency in using Electronic Health Records (EHR) and billing software (Athena Preferred).
- Proficient in word processing and skilled in utilizing Excel and its functionalities.
- Knowledge of medical terminology
- Provider billing and collections experience (3 years) with an understanding of medical insurances ie; Medicare, Medicaid, Managed Care, and Commercial insurances, and a thorough understanding of medical insurance billing basics, ie; charges, allowed amounts, payments, adjustments, denials, capitation, eligibility, coordination of benefits.

KNOWLEDGE, SKILLS, ABILITIES AND OTHER (KSAO's)

- **Knowledge:** Understanding of healthcare billing practices, compliance regulations, and reimbursement methodologies, preferably for FQHC's. Understanding of the workings of City, State and Federal assistance programs such as LOA, HRSA, and Grants.
- **Skills:** Strong analytical skills, attention to detail, and proficiency in Microsoft Office Suite (Excel, Word). Excellent writing skills with the ability to present high level data and information to senior level staff. Ability to use logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

- **Abilities:** Ability to multitask, prioritize workload, follow through on tasks and work independently as well as part of a team. Must be willing to take ownership of work deliverables to ensure assignments/projects are met in a timely fashion. Ability and willingness to meet critical deadlines. Ability to independently set and achieve goals. Ability to use logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- **Other:** Strong communication skills, adept in both verbal and written forms. Committed to upholding patient confidentiality and delivering exceptional customer service. Skilled in fostering and maintaining effective working relationships with colleagues. Bilingual proficiency preferred. Demonstrates recognition and respect for cultural diversity. Adheres to dress code standards with a neat and clean appearance. Diligently attends annual reviews and departmental in-services as scheduled.

PHYSICAL & WORK REQUIREMENTS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

This position requires manual dexterity sufficient to operate phones, computers and other office equipment. The position requires the physical ability to kneel, bend, and perform light lifting. This person must have the ability to write and speak clearly using the English language to convey information and be able to hear at normal speaking levels both in person and over the telephone. Specific vision abilities required by this job include close vision, depth perception and the ability to adjust focus. Generally, the working conditions are good with little or no exposure to extremes in health, safety hazards and/or hazardous materials.

Henry J. Austin Health Center is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, creed, color, national origin, ancestry, marital status, civil union, domestic partnership, affectional or sexual orientation, genetic information, sex, gender identity, disability or veteran status.