

REVENUE CYCLE SPECIALIST II

University Hospitals

Job Location: Cleveland, Ohio

Full Time, Days, M-F

JOB DESCRIPTION:

Position responsible for submitting and resolving medical claims moderate to high complexity. Must remain current with governmental and third party billing, follow up and appeal requirements for compliant billing and follow up of both inpatient and outpatient claims for all wholly owned facilities and physician entities including internal and external policy requirements.

- Essential Duties include responds to requests from management, staff, or physicians in a timely and appropriate manner.
- Maintains patient and physician confidentiality and professionalism at all times.
- Follow department policies and procedures to ensure accurate and timely claim resolution.
- Effectively communicates utilizing telephone, form letters, email, or internal correspondence to resolve patient inquiries and insurance issues.
- Attends and participates in team meetings.
- Utilizes worklists to review and analyze account balances in order to collect payment for medical services rendered.
- Utilizes multiple system applications to review, update patient information as well as research and resolve outstanding AR balance.
- Assists in the analysis of claims resolution and provides feedback to management for solutions and process improvements.
- Performs follow up with insurance companies to ensure appropriate payment on claims, resolve denials, correct claims, and appeal claims.
- Acts as a liaison with internal and external customers providing assistance in claims and receivables resolution in a high volume environment.
- Contacts patients and guarantors to secure necessary billing information.
- Documents accounts with clear and concise verbiage in accordance with departmental procedures.
- Reviews and responds to correspondence and inquiries received.
- Meets and exceeds team productivity and quality standards.
- Takes the lead on special projects. Participates in staff training.
- Reviews complex claims issues for resolution and recommends process improvements.
- Performs other related duties as assigned.

QUALIFICATIONS:

- Minimum of 1 year medical billing/claim experience required.
- Must have a working knowledge of claim submission (UBO4/HCFA 1500) and third party payers.
- Knowledge of procedural and ICD10 coding required.
- Basic knowledge of medical billing terminology required.

EDUCATION:

- High school diploma or equivalent required.
- Associate's/Bachelor's Degree preferred.

FOR MORE INFORMATION/TO APPLY:

<https://careers.uhhospitals.org/job/15564408/revenue-cycle-specialist-ii-cleveland-oh/>