

Billing Specialist

Artesia General Hospital

Job Location: Artesia, New Mexico

Full Time

JOB SUMMARY:

Performs insurance billing functions for hospital and physician practices with minimal supervision.

ESSENTIAL FUNCTIONS:

- Answer phone calls
- Provides outstanding customer service to patients inquiring about their accounts.
- Confirms patient insurance eligibility and/or benefits.
- Audits charts for accuracy of billing/payment/income.
- Correct address information as required for guarantor, patient, insurance companies, employers etc. Communicate those changes as appropriate.
- Assist with the implementation of potential new systems and process changes.
- Assist with training new employees.
- Import claims into the billing module, if required.
- Process claims compliantly within the billing module.
- Transmit claims to the various payers electronically, if required.
- Produce and review paper claims for proper submissions.
- Submit Secondary claims electronically and by paper.
- Ensure 100% of electronic files are balanced/reconciled on a daily basis to ensure receipt by the payer.
- Work claim rejections daily.
- Report any noted trends in the billing system or rejection reports.

KNOWLEDGE/SKILL/ABILITIES:

- High school diploma or equivalent required.
- 1 - 3 years of experience in the healthcare setting (Hospital and/or medical office) working with insurance claims processing involving CPT, HCPCS, ICD-9CM, ICD-10CM and CMS regulations.
- Familiarity with CMS1500 and UB04 claim form completion.
- Strong analytical, oral, written communication skills.
- Familiarity with health insurance and other third party billing practices and guidelines.
- Proficient in Microsoft Word, Excel, Access, Outlook, and the like.
- Bilingual in Spanish and English a plus.
- Must be able to assess situations, identify issues/problems and prioritize duties.
- Reasoning Ability: Uses personal experience, knowledge and other outside resources to make logical decisions to solve problems.
- Utilizes Time Management and Organization skills.
- Attention to detail, is accurate and completes principle accountabilities timely.
- Professionalism.

MINIMUM POSITION QUALIFICATIONS:

- **Education** – High school diploma or equivalent.

- **Work Experience** –
 - Minimum 2 years of experience in the healthcare setting (Hospital and/or medical office) working with insurance claims processing involving CPT, HCPCS, ICD-9CM, ICD-10CM and CMS regulations.
 - Familiarity with CMS1500 and UB04 claim form completion.
 - Strong analytical, oral, written communication skills.
 - Familiarity with health insurance and other third party billing practices and guidelines.
 - Proficient in Microsoft Word, Excel, Outlook, and the like.
- **License/Certification** – none.

FOR MORE INFORMATION/TO APPLY:

<https://aqh.bamboohr.com/jobs/view.php?id=850&source=artesiageneral>