

# Medical Billing Specialist

## Heritage Health

Job Location: Coeur d'Alene, ID

Full Time

### JOB DESCRIPTION:

Responsible for the timely completion of all billing functions including maintaining accurate record of all patient accounts, recording charges, payments, submitting reimbursement requests to all payers, and following up on any denials.

### REQUIREMENTS:

- High school graduate or equivalent.
- One (1) year experience of medical billing or any equivalent combination of experience, training and/or education.
- Certified Professional Coder (CPC) certification and FQHC experience preferred.

### DUTIES AND RESPONSIBILITIES:

- Review medical records to ensure proper coding based on current coding guidelines and conventions.
- Ensure medical records are signed by appropriate parties.
- Effectively manage coding and billing related inquiries from providers or patients.
- Ensure that claims are submitted timely with a goal of zero errors, to include insurance and demographic information.
- Timely follow up and resolution on insurance claim denials, exceptions or exclusions.
- Identify insurance payer denials and work with insurance payer on resolution, to include appeal submission with appropriate documentation.
- Identify coding and billing errors and work with clinical staff on charge entry resolution.
- Timely charge acceptance/processing and appending necessary modifiers.
- Identifies patterns of billing errors, inaccurate payments, posting errors and communicates any needed system changes to direct Supervisor.
- Creates and maintains meticulous records of follow-up efforts via the billing system.
- Reduces overall delinquent patient AR.
- Understands and adheres to HIPAA and PHI guidelines.
- Makes necessary demographic changes to patient accounts to ensure accuracy for future billing.
- Provides professional and courteous customer service at all times.
- Verify completeness and accuracy of all claims prior to submission.
- Accurately post insurance and patient payments by line item with basic knowledge of insurance contracts.
- Review credit balances and take accurate action in a timely fashion.
- Utilize monthly aging accounts receivable reports to follow up on unpaid claims aged over 30 days.
- Respond to inquiries from insurance companies, patients and providers.
- Ability to comfortably work with patients on income information for sliding scale and/or payment plans.
- Working knowledge of current grants, funds, and other programs available to patients for their healthcare at Heritage Health and beyond.
- Timely communication to the Billing Leadership regarding trends with payors/front desk and other issues that are potentially disruptive to cash flow.
- Regular and predictable attendance is an essential function of this position.
- Perform other job-related duties as assigned.

**FOR MORE INFORMATION/TO APPLY:** <https://recruiting.paylocity.com/Recruiting/Jobs/Details/1216121>