

Medical Biller

CommuniCare Health Services

Job Location: Akron, OH

Full Time/Days

JOB SUMMARY:

The Medical Biller is responsible for timely and compliant billing and coding of our Medical Practice company. Critical to this position is maintaining integrity in billing and ensuring coding and documentation are accurate, appropriate, and demonstrate medical necessity. Submission of claims, pre-certifications, processing of statements, managing collections, and prompt follow-up on denials are key to sustaining financial viability so that our patient care efforts can continue to be successful.

RESPONSIBILITIES:

- Ensure timely and compliant billing and coding.
- Prepare and submit claims via electronic billing system.
- Ensure medical documentation required or requested by insurance companies is provided.
- Pre-certify any medical visit in a timely manner and follow up on its status.
- Review coding and compare to the progress notes for accuracy.
- Follow-up with insurance companies on unpaid claims until the claims are paid or only a self-pay balance remains.
- Process rejection of EOB's, electronic EDI reports, electronic remits.
- Work with nurse practitioners and other medical personnel to ensure that correct diagnosis/procedures are reported and documented to the insurance companies.
- Keep updated on all billing and benefits changes for insurance carriers.
- Post insurance adjustments.
- Monitor claims for missing information, authorization, or precertification.
- Maintain collection of outstanding patient accounts.
- Maintain confidentiality of all information.
- Respond to billing questions or concerns from patients and other nursing home personnel.
- Maintain and update patient account information.
- Prepare monthly reports of claim activity.
- Complete work within authorized time to assure compliance with department standards.
- Keep updated on all insurance company requirements within the program.
- Perform all other job duties as assigned.

QUALIFICATIONS/EXPERIENCE REQUIREMENTS:

- Must have a detailed knowledge and understanding of revenue cycle.
- Knowledge of Medicare, Medicaid, Medicare HMO, Medicaid HMO, and commercial plans.
- Must be knowledgeable in billing and coding practices, as well as laws, regulations, and guidelines that pertain to long-term care.
- Must have the ability to make independent decisions.
- Must be able to deal tactfully with team members, administration, insurance companies, and other staff
- Must possess willingness to work harmoniously with team members in all positions.
- Must be willing to seek out new methods and keep current on billing and coding updates.

FOR MORE INFORMATION/TO APPLY:

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