

LOCATION: Valencia, CA

POSITION SUMMARY:

The Billing/Collection Specialist is responsible for timely submission of claims to insurance companies, as well as closely monitoring outstanding claims to assure correct and timely payment. Success in this position requires a person who is diligent, detail oriented and flexible, with the ability to communicate effectively with insurance companies, customers and co-workers. This person must be a team player, willing to work closely with co-workers and management to analyze difficult insurance cases to assist in determining best practices and outcomes regarding reimbursement.

KEY RESPONSIBILITIES:

- Completes all assigned duties as follows: filing insurance claims, processing EOBs, submitting initial appeals, posting payments, scanning and uploading documents to the patient's account in a timely manner.
- Prepares and submits accurate and complete claim forms for assigned accounts, electronically or by paper, including accurate HCPC coding, modifiers, and line item detail based on insurance requirements.
- Identifies and corrects claim information prior to submission. Corrections will be made in the system and in documentation to ensure the claims meet payer standards and qualifications. This may involve working closely with team members from other departments.
- Responsible for obtaining all related information needed to properly file insurance claims, including all necessary documentation and attachments required for reimbursement, including submission of secondary, tertiary claims if needed.
- Assures that all assigned accounts are paid as expected by monitoring insurance denials and underpayments using professional judgment to determine appropriate course of action, including submission of initial appeals or reconsiderations as required. Responsible for the outstanding accounts receivable until the claim is finalized.
- Analyze insurance payments and adjustments for accuracy and posts payments in a timely manner according to the department goals and objectives. Identifies credits and write-offs and provides documentation for approval by management.
- Identifies and communicates reimbursement issues with management, including recurring issues and substantial dollars related to adjustments and/or denied claims.

- Communicates openly with Manager regarding the status of all projects and workload.
- Be willing to develop, change, or improve processes and procedures for more effective and/or efficient workflow.
- Maintains workspace in a consistent manner so that workload is easily identified.
- May perform other duties directed by manager not outlined in this description.
- Regular and consistent attendance is required.

ACCOUNTABILITIES:

- Prepares new claims and submits them within 72-hours of invoice generation. System edits or claim errors must be identified immediately and submitted based on the 72-hour billing standard.
- Addresses and corrects rejected claims within 24 hours of notification.
- Ensures accurate payment posting in compliance with denial, adjustments, allowances based on payer correspondence.
- Ensures claims are processed as expected based on plan benefits, letters of agreement, contract adjustments and authorizations.
- Files initial appeals or reconsiderations within the timely filing requirements for claims that are not processed as expected.
- Collection on insurance aging as assigned.

EDUCATIONAL REQUIREMENTS:

High School diploma or equivalent required.

EXPERIENCE:

1-2 years Billing/Collections experience in a healthcare environment with emphasis on insurance billing, reimbursement and collections. Willing to train highly motivated individuals with data entry skills and great computer knowledge. These requirements are typically met by a combination of education and experience that typically includes a high school diploma and one year or more of clerical support and/or data entry experience.

KNOWLEDGE, SKILLS AND ABILITIES:

- Excellent communication skills; written and verbal.
- Strong organizational and time management skills.
- Detail oriented.
- Ability to manage demanding workload as required.
- Ability to work as an individual/team (highly collaborative working environment)

- Must be flexible and willing to adapt to a fast paced, changing environment.
- Knowledge of insurance carriers and their billing requirements such as Medicare, Medicaid, commercial carriers, managed care providers and workers' compensation a plus.
- Knowledge of HIPAA regulations a plus.
- Solid knowledge of Microsoft Word, Excel, Outlook and the Internet.

CONTACT: Submit resume to careers@bioness.com

EOE/Minorities/Females/Vet/Disability