



Position Title: Billing Specialist
Reports To: Manager, Billing & Revenue Cycle
Division: Q Point
Department: Practice Transformation
Classification: Non-Exempt
Revision Date: Dec 06, 2018

Position Summary:

Equality Health is an Arizona-based population healthcare company focused on improving care delivery for underserved populations through culturally-sensitive programs that improve access, quality, and patient trust. Our mission is to ensure diverse populations receive quality healthcare that improves and enriches their lives. We have developed our product portfolio around centralized technology, services and network designs intended to organize a better healthcare delivery system for cultures that have struggle with integrating into the tradition one-size-fits-all U.S. healthcare system.

The Billing Specialist is primarily responsible for the verification of client eligibility and benefits, collection and posting of patient and insurance company payments, and follow up for outstanding payments. This individual bills insurance companies, other payers, and clients for all clinic-based, services provided.

Responsibilities:

- Audit charts, billing sheets, obtain authorizations and perform other work associated with the billing and administrative processes
- Read and interpret insurance explanation of benefits; contact payers regarding any discrepancy in payments if necessary
- Verify patient benefits eligibility and coverage
- Enter information necessary for insurance claims such as patient, insurance ID, diagnosis and treatment codes and modifiers, and provider information
- Ensure claim information is complete and accurate; follow up with insurance company on unpaid or rejected claims; resolve issue and re-submit claims
- Post insurance and patient payments using medical claim billing software
- Provide support of posting and daily billing activities
- Respond to inquiries from insurance companies, patients and providers
- Check ICD diagnosis and CPT treatment codes from online service or using traditional coding references
- Resolve customer/patient inquiries regarding billing discrepancies, ensuring high levels of customer/patient satisfaction
- Utilize intermediate Excel skills to import and export data between database system and generate, manipulate, and format reports
- Follow HIPAA guidelines for handling patient information
- Assist the Billing Team Lead in related projects, functions or tasks



Required Knowledge, Education & Experience:

- High diploma or GED equivalent
- Prior experience in a billing for medical services
- Minimum one (1) years of experience in directly related billing position in the healthcare industry
- Working knowledge and understanding of healthcare revenue cycle management, POS codes, modifiers, HCFA 1500 forms, and ICD to CPT associations
- Proficiency with Microsoft Office applications, with intermediate to advanced Excel skills
- Knowledge of patient billing terminology, collections, as well as government regulations
- Working knowledge of CPT and ICD-10-CM codes and electronic claim filing

Highly Preferred Skills, Abilities & Qualifications:

- Certified Professional Coder (CPC) Certificate
- Able to organize and prioritize work and manage multiple priorities with minimum supervision
- Highly organized with strong attention to detail and accuracy
- Excellent verbal and written communication and relationship skills; ability to speak clearly and concisely, conveying complex or technical information in a manner that others can understand, as well as ability to understand and interpret complex information from others