



is now hiring!

Revenue Cycle Specialist	
<b>Benefits:</b> Candidates on temporary assignment may qualify for our competitive benefits package which includes group health, life and disability insurance and voluntary benefits such as retirement savings and holiday pay.	<b>Salary range:</b> \$25.00 to \$28.00 hourly <b>Employment status:</b> Contract / Temporary
<b>Description</b>	
The Revenue Cycle Specialist has experience working in a Hospital Business Office, experience with following up on denied accounts, appeals, and reconcile the denial and ensure payment to the Hospital. Medi-Cal experience is a big plus for this work.	
<b>ESSENTIAL FUNCTIONS</b>	
<ul style="list-style-type: none"><li>• The Patient Financial Services Billing Specialist is responsible for all aspects of billing primary, secondary, and tertiary payers facility claims including:</li><li>• Identifying issues or trending and provide suggestions for findings and claims activity performed.</li><li>• Review the account information and necessary system applications to determine the next appropriate work activity.</li><li>• Verify claims have passed edits utilizing appropriate resources and applications.</li><li>• Perform appropriate billing functions, including manual re-bills as well as electronic submission to payers.</li><li>• Edit claims to meet and satisfy billing compliance guidelines for electronic submission.</li><li>• Manage and maintain worklist inventory, complete reports, and resolve high priority and aged inventory.</li><li>• Participate and attend meetings, training seminars and in-services to develop job knowledge.</li><li>• Participate in the monthly, quarterly and annual performance evaluation process with Supervisor.</li><li>• Respond timely to emails and telephone messages as appropriate.</li><li>• Communicate issues to management, including payer, system or escalated account issues.</li><li>• Maintains information or operational records: screens reports for completeness and mathematical accuracy; list, abstracts, or summarizes data; compiles routine report from a variety of sources.</li><li>• May, as a secondary responsibility, review notes, receipts, permits, licenses, etc., computes and receives fees when the amount is not in question or is readily obtainable from fixed schedules; posts data; keeps records, and prepares reports in accordance with pre-determined forms and procedures.</li><li>• Prepares billing documents for collection of revenues from third party payer programs and patients; checks and verifies charge rates for services; reconciles patient account balances verifies payments</li><li>• Reviews billing documents to assure program compliance for Medicare, Medi-Cal, Mental Health, and insurance programs; assures that all appropriate medical documentation is included in the billing package.</li><li>• Other duties as assigned</li></ul>	
<b>Requirements</b>	
<b>REQUIREMENTS:</b>	
<ul style="list-style-type: none"><li>• 3-5 yr experience working in a Hospital Business Office, experience with following up on denied accounts, appeals, and reconcile the denial and ensure payment to the Hospital.</li><li>• Also, in the absence of Denial specific work, we will talk to someone that has extensive experience in a Hospital Setting doing account follow up and resolving balances to ensure timely payment to the hospital.</li><li>• EPIC experience required.</li><li>• Medi-Cal experience is a big plus.</li><li>• HS Diploma.</li></ul>	
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Please contact Ernst & Young at 866-834-5115 with any questions. Thank you for your assistance.

This Job Posting will expire in 10 days.