

Revenue Cycle Specialist

Benefits: 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.

Salary range: \$25.00 to \$28.00 hourly
Employment status: Contract / Temporary

Description

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.

ESSENTIAL FUNCTIONS

- The Patient Financial Services Billing Specialist is responsible for all aspects of billing primary, secondary, and tertiary payers facility claims including:
 - Identifying issues or trending and provide suggestions for findings and claims activity performed.
 - Review the account information and necessary system applications to determine the next appropriate work activity.
 - Verify claims have passed edits utilizing appropriate resources and applications.
 - Perform appropriate billing functions, including manual re-bills as well as electronic submission to payers.
 - Edit claims to meet and satisfy billing compliance guidelines for electronic submission.
 - Manage and maintain worklist inventory, complete reports, and resolve high priority and aged inventory.
 - Participate and attend meetings, training seminars and in-services to develop job knowledge.
 - Participate in the monthly, quarterly and annual performance evaluation process with Supervisor.
 - Respond timely to emails and telephone messages as appropriate.
 - Communicate issues to management, including payer, system or escalated account issues.
- 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.
- 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.
- 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
- 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.
- Other duties as assigned

Requirements

REQUIREMENTS:

- 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.
- 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.
- EPIC experience required.
- Medi-Cal experience is a big plus.
- HS Diploma.

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This Job Posting will expire in 10 days.