

## **Position Title: Revenue Cycle Specialist**

**Department:** Finance

**Job Relationships:**

Supervisor: Director Revenue Cycle

Direct Reports: NONE

**Position Summary:**

The Revenue Cycle Specialist is responsible for the company's third party medical claims processing. Medical claims are prepared and submitted to Medicaid, Medicare, and private insurance companies. This position will handle questions, complaints, or problems from insurance companies, Medicaid offices and their associated Managed Care Plans, Medicare regions and their associated Health Maintenance Organizations, and families regarding insurance payments.

### **Activities, Duties and Responsibilities**

#### Third Party Claims Processing

- A) Verifies all of the information for claims billing is correct in Infor and Brightree (BT) databases. Contacts the appropriate person to obtain missing or unclear billing information. Documents all tasks in Infor, BT, OnBase notes/history.
- B) Reviews all funding invoices to determine the correct billing method. Completes claim form through Brightree (BT) database, or internet web site (if required) ensuring that all fields required by the third party in question are complete and accurate. Attaches required documentation for payment.
- C) Follows up by phone on all unpaid and denied claims through activities in BT. Determines next course of action, which may require rebilling missing claims, denied claims OR sending additional information on pending claims.
- D) Handles third party customer questions, complaints, and problems once an order has been invoiced. Completes all necessary follow-up in a timely manner so the payment process will not be delayed. Must stay current on follow ups, so billing deadlines are not missed.
- E) Respond to and interact with customers concerning all aspects of billing through phone, e-mail or regular mail in a prompt and courteous manner.
- F) Relays changes in Medicaid, MCO, Medicare, HMO regulations discovered by claim denials to all pertinent personnel including Funding team representatives.
  - b) Discusses issues identified at the claims portion of the funding process that would affect the prior authorization portion with the Funding Specialist. Schedules a 15-minute meeting between yourself and the specialist who handled the claim if the claim is denied and it is due to new insurance coming to light
  - c) Brings changes needed on a Prior Authorization before a claim can be processed to the attention of the Funding Specialist that originally processed the Prior Authorization form. This requires setting up an activity in Infor, Onbase or BT, one week ahead for the Funding Specialist.

#### Other Duties/Responsibilities:

- A) Relays updated information regarding state policy changes to the department.
- B) Maintains confidentiality outlined in privacy portion of the federal Health Information Privacy and Portability Act of 1996.
- C) Filing for the department

D) Other duties/projects assigned by the Managing Supervisor.

### **Skills Required:**

1. Possesses the ability to work in a constantly changing environment, good judgment skills, and capable of making decisions with attention to detail.
2. Must have excellent organizational skills and ability to prioritize and coordinate workload with high degree of proficiency and accuracy.
3. Must have excellent analytical and problem-solving skills.
4. Ability to work easily and cooperatively with other departments.
5. Ability to work independently and follow through on tasks without direct supervision.
6. Ability to work well under pressure in a flexible, diplomatic and expeditious manner.
7. Maintains strict confidentiality of patients' medical records and adherence to all HIPAA and ACHC policies and regulations.
8. Must be extremely accurate with attention to details, policies, and procedures.
9. Excellent and accurate calculator, and computer skills. Including the ability to use, Microsoft Excel, Microsoft Word, E-Mail.
10. Good overall knowledge of PRC departments and their functions.

### **Knowledge Required:**

1. Minimum of 5 years PRC work experience desirable.
2. Must be knowledgeable in billing databases. Medical billing experience is desirable.
3. Must have excellent computer knowledge and accurate keyboard skills.

### **Span of Control:**

This position is responsible for key revenue cycle generation processes that have an impact on the company's cash flow including but not limited to establishing hard-copy and computerized files, entering third party billing information and subsequent medical billings and ensuring all documentation is present and claims are billed in a timely manner and without error.

### **Communication Requirements:**

This position requires frequent to extensive contact with individuals both inside and outside the company. Due to the nature of the contacts (including phone calls to insurance companies, Medicaid offices, Medicare regions and families with insurance payments) this position requires extreme tact. Must maintain the highest level confidentiality.

### **Physical and Environmental Requirements:**

- Stooping. Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full motion of the lower extremities and back muscles.
- Kneeling. Bending legs at knee to come to a rest on knee or knees.
- Crouching. Bending the body downward and forward by bending leg and spine.
- Reaching. Extending hand(s) and arm(s) in any direction.

- Walking. Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.
- Pushing. Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.
- Pulling. Using upper extremities to exert force in order to drag, haul or tug objects in a sustained motion.
- Lifting. Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires substantial use of upper extremities and back muscles.
- Fingering. Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand as in handling.
- Grasping. Applying pressure to an object with the fingers and palm
- Talking. Expressing or exchanging ideas by means of spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
- Hearing. Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discriminations in sound.
- Repetitive motion. Substantial movements (motions) of the wrists, hands, and/or fingers
- Light work. Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for light work.
- The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading; visual inspection involving small defects, small parts, and/or operation of machines (including inspection); using measurement devices; and/or assembly or fabrication parts at distances close to the eyes.

The worker is not substantially exposed to adverse environmental conditions.