



## **Medical Biller and Collection Specialist Job Description**

**About the Center:** Join a team that makes a daily positive impact in the lives of our community members! The Center for Well-Being (Center) is a local non-profit committed to creating a healthier, more equitable Sonoma County for all. Our community-based work advances systems and policies that address health and other inequities, and we have deep partnerships with local NGOs, health care providers, and advocacy groups to advance this work. We support individuals and families to live healthier, more active lives through education, advocacy, and resources – and we have fun while doing it! The Center champions a collaborative, communicative, and creative work culture where each individual is empowered to do their best and valued for their contribution to our mission. We also offer a competitive benefits package and a generous time off policy. Together, we transform lives!

**Position Overview:** The medical billing and collection specialist is responsible for ensuring the timely processing and collection of revenue for the Center’s clinical services (medical nutrition and cardiac rehabilitation). This includes: accurate billing, timely submission of electronic and/or paper claims, monitoring claim status, researching rejections and denials, documenting related account activities, posting adjustments and collections of third party payers. The medical billing and collection specialist must have an understanding of eligibility requirements for Medicare, Partnership Health Plan, and other third-party payers, including payer methods to correctly record contractual adjustments base on payer contracts or government regulations. In addition, the medical billing and collection specialist must demonstrate proficiency with billing systems to ensure all functionality is utilized for the utmost efficient processing of claims.

### **Responsibilities include:**

- Correctly enter payment and charge in the Center’s Electronic Health Record.
- Coordinate and clarify with providers on information that seems incomplete or is lacking for proper account/ claim adjudication, as needed.
- Correct, complete, and process claims for all payer codes.
- Analyze all claims, and ensure that they are accurately sent to insurance companies.
- Follow up with Medicare, Partnership Health Plan, and Commercial insurance companies on unpaid insurance accounts identified through aging reports.
- Process appeals online or via paper submission within 48 hours of receiving denial.



- Assist in reconciling deposit and patient collections.
- Assist with billing audit related information.
- Process refund requests.
- Communicate with Administrative Manager to identify and resolve audit review issues.
- Submit Treatment Authorization Requests and related paperwork for Enhanced Care Management (ECM) patient care through CalAIM.
- Process billing calls and questions from patients and third-party carriers.
- Answer/respond to correspondence related to patient accounts.
- Communicate daily with internal and external customers via phone calls and written communications.
- Identify and report billing trends and carrier issues relating to billing and report findings to Manager.
- Pursue and participate in education to remain current with changes in the Healthcare industry.
- Maintain patient confidence and protects medical office operations by keeping patient information confidential.
- Contribute to team effort by accomplishing related results as needed.
- Promote effective working relations and work effectively as part of a team to facilitate the department's ability to meet its goals and objectives.
- Submit weekly and month reports to Administrative Manager.
- Close completed claims within 90 days of submission.
- Provide provider communication after claim submission.
- Assist with back-office tasks as needed.
- Perform other duties as assigned.

### **Qualifications**

- Minimum 1 year of medical billing experience.
- Previous experience in an office setting and/or experience with Electronic Medical Records.
- Detail oriented
- Excellent skills in reading and writing.
- Excellent time management and coordination.
- Ability to learn quickly.
- Ability to multitask.
- Ability to work independently.
- Ability to work in a virtual environment with little supervision.



**Compensation:** \$20-\$23/hr. Work schedule is 40 hours per week.

**Reports to:** Administrative Manager

TO APPLY: Please send your resume and cover letter to [info@nccwb.org](mailto:info@nccwb.org)