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| **Helping Restore Ability** | **Job Description** |

**Title:** Revenue Cycle Specialist–Non-Exempt, Hourly

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| **Job Summary:** |
| Under the direction of the Revenue Cycle Manager, and in accordance with established policies and procedures, the Revenue Cycle Specialist provides senior level billing expertise/support to promote the agency’s revenue cycle management functions associated with billing, collection, compliance, and accounts receivable efforts. |

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| **Job Qualifications:** | |
| Education: | Must have a high school diploma or equivalency. |
| Skills: | Ideal candidate will be knowledgeable of insurance guidelines, charge entry, insurance verification, medical records, and will be familiar with CPT and ICD-10 codes. Data entry of patient demographics and records maintenance experience a plus. Must be proficient in Word, Excel, and entering data at high speed in standard accounting-type database. Ability to maintain composure and work well with others in high volume environment. |
| Experience: | Two years or more experience in high volume Medical Billing / Accounts Receivable / Medical Collections environment. Must be able to pass criminal background requirements of agency licensed by the HHSC. |
| Other | Proof of Covid vaccination required. |
| Transportation: | Reliable transportation required. |

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| **Environmental and Working Conditions:** |
| Works in a routine office environment and remotely. Noise level may be moderately high. Will need to be flexible with work schedules and periodically work extended hours. |

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| **Physical and Mental Effort:** |
| Visual/hearing ability sufficient to comprehend written/verbal communication. Able to deal effectively with stress. Work requires the physical demands of sitting, standing, bending, lifting, stooping, or performing other work requiring light physical exertion on an intermittent basis. |

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| **Essential Functions:** |
| Accounts Receivable Follow up / Collection Administration:   * Obtains assign Accounts Receivable work lists from manager. * Develop plan to complete work lists by the end of the week. * Call plans as sorted on work lists for claim status. * Reviews accounts to determine appropriate follow up action. * Files appeals on claim denials and underpayment as appropriate. * Reports address and/or filing rule changes to manager. * Notates patient accounts properly. |
| Correspondence / Exception Reports:   * Review each piece of correspondence to determine specific problem. * Research the client’s account. * Take appropriate action (adjustments, letters, phone insurance, etc.) * Forward adjustment requests to manager. * Notates patient accounts properly |
| Batch Preparation:   * Reconcile daily deposits in accordance with deposit ledger/bank reconciliation sheet. * Flags accounts needing additional information or further appeal. * Review underpayments and overpayments. * Monthly confirmation that all deposits are reconciled. * Close payment batches timely according to team goals. * Scanning in accordance to type of payment received. |
| * Carries out other duties as assigned. |

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| **Statement of Understanding** |

I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer’s right to discipline or terminate my employment at any time for failure to perform satisfactorily.

Employee Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_