



Billing and Credentialing Specialist

Position Description:

The Medical Billing & Credentialing Specialist will be fully responsible for the training, auditing, coding, billing and follow through for all Ethne Health billing/coding and credentialing needs. The ideal candidate will understand and be able to effectively manage the full revenue cycle and work directly under the CFO. This position will be responsible for auditing, training others and when necessary assigning diagnosis and procedural codes for E/M levels and outpatient records through review of physician documentation. Furthermore, the position will assist with ensuring medical provider credentialing remains up to date with each contracted plan insurer. Additionally, ongoing feedback and training is to be provided to physicians and their support staff to keep them educated in the functions required in the coding and billing process. All CPT, Medicare, and other appropriate coding guidelines are to be followed. Practice review issues will be handled promptly and accurately. Confidentiality of all patient information and other Ethne Health business information will be maintained in accordance with HIPAA and other compliance standards.

KEY RESPONSIBILITIES.

- Responsible for claims submission for both insured and uninsured patients.
- Assist front desk staff in questions regarding patient eligibility, patient out of pocket costs due at time of service (eg time of service deposit, co-pays, etc.), and addressing other patient billing questions.
- Monitor bad debt and oversee patient refunds in a timely manner in accordance with industry accepted guidelines.
- Track and address delays in AR and claim holds.
- Oversee and assist with provider credentialing, CAQH, etc.
- Identify and train providers on knowledge gaps in coding and documentation.
- Interpret data to properly identify all diagnoses & procedures
- Audit or assign as needed sequence codes for services
- Audit or assign CPT codes for services/procedures
- Audit or assign modifiers to procedures/service codes
- Train providers as needed for accurate coded data.

Universal working standards and documentation

- Greet and interact with all patients, staff and visitors in a pleasant and professional manner.
- Be knowledgeable of and in compliance with applicable standards, laws and regulations by regulatory and accrediting organizations such as: BPHC, JCAHO, CLIA, OSHA, and the State and Federal Governments. Maintain patient confidentiality according to HIPAA
- Regularly check mail, e-mail and voicemail and respond promptly and professionally to all inquiries.
- Attend to shared responsibilities in each work area, and assist with orientation and training of other employees as needed.
- Work a reasonable schedule.

- Perform other tasks as needed to assist Ethne Health in achieving its mission, but which are not detailed within this job description.

POSITION REQUIREMENTS

Skills:

- 3+ years of coding experience
- High degree of clinical coding knowledge
- Exceptional project management and organizational skills
- Proven ability to manage multiple priorities
- Self-directed and motivated with strong analytical skills
- Excellent written and verbal skills, including the ability to train others on processes and procedures
- Customer focused, proactive work style
- Conscientious of departmental and organizational policies and procedures, and able to embrace and personify the mission of Ethne Health

Education:

Degree in related discipline preferred

Licenses or Certifications:

RHIA, RHIT, CCS, CCS-P or CPC required

Starting Compensation: \$35,000-40,000 per year

Hours: 36 hours per week, on-site preferred

If interested, please send a resume to robert.contino@ethnehealth.org