



**Position Title:** Accounts Receivable Specialist  
**Company:** Solutions Healthcare Management  
**Department:** Billing  
**Location:** Indianapolis, IN  
**Title of Supervisor:** Billing Supervisor

### **PURPOSE AND SCOPE:**

The main purpose of this position is to support Solutions Healthcare Management's mission, vision, core values and customer service philosophy.

This candidate will continuously interact with physicians, patients and insurance vendors to investigate outstanding claims and incomplete payments. This position will also be responsible for providing first level customer support for billing services which includes answering phones and researching patient account issues. The ideal candidate will be able to maintain proficiency and an appropriate level of knowledge with all systems that is required for task completion. Additionally, this position is responsible for completing patient billing and investigating daily denials by working with insurance vendors and adjusters to resolve problem accounts and work open claims to resolution.

### **CUSTOMER SERVICE:**

- Accountable for outstanding customer service to all external and internal customers.
- Develops and maintains effective relationships through effective and timely communication.
- Takes initiative and action to respond, resolve and follow up regarding customer service issues with all customers in a timely manner.

### **PRINCIPAL RESPONSIBILITIES AND DUTIES:**

- Maintain up-to-date patient demographics and insurance information.
- Identify errors through coding, charge entry and cash application processes.
- Complete daily denials by working with insurance companies and adjusters to resolve problem accounts, work open claims to resolutions by correcting, filing appeals and making decisions on adjustments.
- Investigate and work claims over 30 days old from system
- Refer refund request to refund specialist
- Provide first level customer service support for billing services including answering customer questions and researching account issues. Assist with customer's pending items including charges, payments and denials and follow-up to confirm these items are resolved.
- Document activity in an accurate and timely manner on the patients' accounts.
- Review and prepare accounts for collections
- Complete task to director to report progress.
- Maintains proficiency and an appropriate level of knowledge with all systems required for task completion
- Ensures compliance with all state and federal billing regulations, including HIPAA, and reports any suspected compliance issues to the respective team lead or supervisor.
- Works with team leads and supervisors to improve processes, increase accuracy, create efficiencies and achieve the overall goals of the department.
- Other duties as assigned.

**PHYSICAL DEMANDS AND WORKING CONDITIONS:**

The physical demands and work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Employee must be able to sit at a desk for at least eight hours per day while frequently using their fingers to type. This position requires that the employee be able to speak clearly, look at and read a computer screen. Occasionally, this position may require that the employee reach or stretch for objects.

**EDUCATION:**

- High School diploma or equivalent is required.
- Associates Degree or higher in Medical Billing and Coding or a related field is preferred. A degree is not required if candidate has at least 2 years of prior billing experience in a physician practice medical billing environment.

**EXPERIENCE AND REQUIRED SKILLS:**

- Minimum 2 years of experience in medical billing or has graduated from an accredited medical college.
- Candidate must understand government and managed care payment methodologies and demonstrate knowledge of terms such as contractual adjustment, allowed amount, coinsurance, denial and denial processes.
- Experience in billing or health insurance claim processing preferred. CPT, ICD-9, and HCPCS coding knowledge preferred.
- Required to stay until 6:00PM EST approximately one to two times per month, in rotation, with other A/R Specialists in order to assist the customer service rep cover phones.
- Knowledge of business office procedures
- Ability to establish and maintain an effective working relationships with patients, physicians and co-workers.
- Ability to operate a computer, copier or fax machine
- Ability to sort and file materials correctly by alphabetic or numeric systems
- Verbal and written communication skills
- Knowledge of Microsoft Office products

**RELATIONSHIPS:**

Internal Contacts: Solutions' Billing Department

External Contacts: Solutions' Billing Clients

**SUPERVISION:** None