



Position: Collections Specialist

Reports to: Revenue Cycle Manager

Department: Billing & Collections

Collections Specialist will develop and implement effective collections strategies to reduce accounts receivable aging and improve cash flow. The position will utilize collection software and tools to track progress, prioritize accounts, and escalate collection efforts as needed.

Responsibilities:

1. **Accounts Receivable Management:** Manage and prioritize accounts receivable for insurance companies, government and independent/patient payers. Review aging reports, identify delinquent accounts, and take appropriate actions to collect outstanding balances.
2. **Billing and Coding Review:** Review medical billing and coding documentation to ensure accuracy and compliance with industry standards and regulations. Identify discrepancies or coding errors that may have resulted in claim denials or payment delays.
3. **Contract Compliance:** Monitor payer adherence to contractual obligations and escalate issues as needed. Provide insights and recommendations to optimize contract performance and reimbursement rates.
4. **Claims Processing:** Resubmit claims to insurance companies, government and independent payers accurately and in a timely manner. Follow up on pending claims, rejections, and denials to resolve issues and facilitate prompt payment.
5. **Payer Communication:** Maintain positive relationships with patients, insurance companies, and other stakeholders. Communicate with payer/patient regarding their account balances, insurance coverage, and payment options. Aid and guidance to patients in understanding their medical bills and resolving billing inquiries or disputes.
6. **Insurance Verification:** Confirm eligibility, coverage limitations, and any pre-authorization requirements to prevent claim denials and billing discrepancies arising from changes to patient carrier/plans.
7. **Compliance and Documentation:** Ensure compliance with HIPAA regulations and other healthcare privacy laws in handling patient information and billing records. Document all payment verification activities, including correspondence with payers and internal stakeholders. Protects company value by keeping collection information confidential.

Qualifications:

- Minimum of 3-5 years of experience in medical billing and collections, preferably in a healthcare setting.
- Proficiency in medical billing software and electronic health records (EHR) systems.
- Strong understanding of medical terminology, CPT/HCPCS codes, and insurance billing procedures.
- Excellent communication skills, both verbal and written, with the ability to interact professionally with patients, insurance companies, and internal stakeholders.
- Detail-oriented with a high level of accuracy in data entry and documentation.
- Ability to work independently and collaboratively in a fast-paced environment, managing multiple priorities and deadlines effectively.
- Knowledge of healthcare compliance regulations, including HIPAA, Medicare, and Medicaid guidelines.

Education:

- High school diploma or equivalent required.
- Certification in medical billing and coding preferred (e.g., Certified Professional Coder - CPC).

Physical Requirements:

- Must be able to remain in a stationary position for extended periods of time
- Ability to sit or stand for extended periods of time
- Constantly operates a computer and other office productivity machinery, such as a copy machine and computer printer
- Ability to travel occasionally by car or commercial flight

Date: _____

Employee Name: _____

Employee Signature: _____