**Position Title – Accounts Receivable Specialist**

|  |  |
| --- | --- |
| **Job Title and Job Number:** | AR Specialist |
| **Job Location:** | Remote / Hybrid |
| **Reports To:** | Manger, AR |
| **Status and Hours:** | 8:00 am – 4:30 pm |
| **Budgeted for Position:** | $22.00/hr. |
| **Travel:** | N/A |

**Job Summary:**

The Accounts Receivable Specialist plays a pivotal role in the financial stability of our billing team. This position oversees the accounts receivable process, ensures timely and accurate collection of outstanding balances, and maintains strong relationships with clients, insurance providers, and patients. This role requires meticulous attention to detail, a deep understanding of medical billing practices, and excellent communication skills to navigate the complexities of different payer mixes. If you are passionate about healthcare revenue cycle management and are dedicated to maximizing financial outcomes for our clients, we invite you to join our team as an Accounts Receivable Specialist.

**Job Responsibilities:**

* Accurately prepare and submit medical insurance claims for services rendered.
* Monitor claims status, track rejections, and resubmit with necessary corrections.
* Investigate and resolve claim denials and discrepancies.
* Verify patient insurance coverage and eligibility to ensure accurate billing.
* Update patient records with insurance information and policy changes.
* Record and reconcile payments received from insurance companies and patients.
* Identify and address any discrepancies in payment posting.
* Analyze accounts receivable aging reports and prioritize collections efforts.
* Contact patients and insurance companies to follow up on unpaid or overdue balances.
* Negotiate and establish payment arrangements with patients when needed.
* Respond to patient inquiries regarding billing, insurance claims, and statements.
* Provide clear and courteous explanations of billing issues and payment options.
* Maintain accurate and up-to-date records of billing and collections activities.
* Ensure compliance with healthcare billing regulations, including HIPAA and other relevant laws.
* Generate and analyze reports on accounts receivable performance.
* Identify trends and suggest process improvements to optimize revenue collection.
* Communicate regularly with healthcare providers and clients to provide updates on billing and collections status.
* Collaborate with clients to develop strategies for improving revenue cycle management.
* Identify opportunities to streamline accounts receivable processes and enhance efficiency.
* Work closely with the billing team, insurance companies, and patients to resolve billing-related issues efficiently.

**Required Qualifications:**

* 3+ years of billing and coding experience, including 2 years of successful A/R collection and denial management.
* ICD10/CPT/HCPCS - strong knowledge.
* Medicare & Health Plan coverage determinations and rules.
* Demonstrated ability to work under pressure and maintain a professional demeanor.
* Demonstrated success with collecting A/R and developing relationships with payers.
* Proven ability to use RCM reports and other analyses.
* Strong tech skills for learning new software and EHR.
* Superior computer skills - speed and accuracy
* Experience with Primary Care is highly preferred.

**Preferred Qualifications:**

* Collaborate MD knowledge.

**Manager’s Signature Human Resources Manager Signature**