



Position Description

Position Title: Revenue Cycle Specialist (Certified or In Training)

Department: Billing Department - Finance

Reports To: Revenue Cycle Manager

Status: Non-Exempt

Summary

The Revenue Cycle Specialist has a critical role in managing billing, collections, and revenue processes to ensure timely and accurate reimbursement for services provided. The Revenue Cycle Specialist supports Scenic Bluffs' mission to provide medical, dental, and Behavior Health accessible and effective treatment and services to individuals and families.

Duties & Responsibilities

- Manage all aspects of the revenue cycle, from claim submission and insurance verification to collections and reconciliation.
- Review and submit insurance claims accurately, ensuring compliance with payer requirements and coding standards.
- Track and follow up on unpaid claims, working with payers to resolve denials and rejections in a timely manner (reference: Revenue Cycle Measures).
- Prepare and submit appeal letters for denied claims, ensuring that all required documentation is included in a timely matter (reference: Revenue Cycle Measures).
- Conduct regular audits of billing records to ensure accuracy and identify areas for improvement.
- Collaborate with clinical and administrative teams to clarify documentation and billing requirements.
- Maintain up-to-date knowledge of industry regulations, payer policies, and coding changes (continuing education is required).
- Prepare and generate financial reports to provide insights on revenue cycle performance and identify trends.
- Communicate with patients, payers, and internal stakeholders to address billing questions and concerns
- Ensure compliance with all state and federal regulations, including HIPAA.
- Perform other duties as assigned.

Qualifications

- Experience in billing and collections within Medical/Dental/BH or substance abuse treatment settings
- Knowledge of the full revenue cycle, including claim submissions, denials, appeals, and collections
- Understanding of payer requirements, including commercial insurance and Medicaid/Medicare
- Ability to utilize billing and revenue cycle software, electronic health records (EHR), and coding practices
- Excellent communication and problem-solving skills

Education and/or Experience

- High school diploma or equivalent required; associate's degree in healthcare management, Business Management or a related field is preferred
- Must be a certified coder or willing to pursue certification
- Experience with medical or dental billing is preferred.
- Experience working payer denials including but not limited to commercial, government, out of network, workers compensation, and auto-vehicle is preferred.
- Ability to work in a fast-paced environment
- Serve as a positive role model for other staff and patients by working with them to promote teamwork and cooperation
- Ability to apply common-sense understanding and logic in day-to-day activities.
- Ability to work independently and as part of a team
- Exceptional ability to follow oral and written instructions
- A high degree of flexibility and professionalism
- Excellent organizational skills

Computer Skills

The individual must have knowledge of and experience with Microsoft Word, Outlook and Excel and the ability to learn the E-Clinical Works electronic health record.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Work may require sitting or standing for long periods of time; also stooping, bending and stretching
- Requires manual dexterity sufficient to operate a keyboard, telephone, copier and other such equipment
- Possesses sight and hearing senses to function adequately so that the requirements of this position can be fully met.

Work Environment

A majority of the work is performed in a general office setting; occasional remote work is also a consideration. Interaction with others is frequent and interruptive. Work may be stressful at times. Work hours are 40 hours/week for full time employees, 30 hours/week for limited full time employees and less than 29 hours/week for part time employees. Work hours correspond to the hours that the health center is open, which include weekday business hours and exclude holidays and weekends. Occasional unscheduled overtime may be required. Community involvement is encouraged but not required.

As an organization committed to diversity and inclusion, Scenic Bluffs Community Health Centers provides equal employment opportunities to all employees and applicants for employment, encourages applications from historically underrepresented groups, and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Acknowledgement

This job description describes the general nature and level of work performed by employees assigned to this position. It does not state or imply that these are the only duties and responsibilities assigned to the job. All requirements are subject to change over time and to possible modification to reasonably accommodate individuals with a disability.

Employee Signature

Date