



Genevive



Job Description: Revenue Cycle Specialist

Job Title: Revenue Cycle Specialist

Department: Revenue Cycle

Position Summary: The Revenue Cycle Specialist is responsible for obtaining patient demographics and verifying patient insurance coverage in an accurate and timely manner. All tasks must be performed in accordance with best practices, policies, and procedures. Duties will include but are not limited to gathering and clarifying information from the patient, family members, facility, hospital, and clinic staff and accurately communicating to the appropriate team members. This position will gather all necessary intake documentation and paperwork including the following: insurance information, face sheets, enrollment, consent to treat and power of attorney paperwork. Additional responsibilities included but are not limited to medical coding, insurance verification, ensuring the accuracy of the information housed in the practice management system, preparing deposits, collecting, posting, and managing account payments, submitting accurate claims, and following up on outstanding accounts with insurance carriers and patients.

Supervision Received: Director of Business Operations and Revenue Cycle Supervisor

Supervision Exercised: N/A

Hours per Pay Period: 80hrs

Classification:

Full-Time

Exempt

Part-Time

Non-Exempt

Education/Qualifications:

Required:

- High School Diploma, GED, or suitable equivalent
- Minimum 3 years of experience in Medicare Part B/Primary Care billing
- Minimum 3 years of Healthcare experience
- Proof of current COVID-19 Vaccination or medical or religious exemption on file with Human Resources

Strongly Preferred:

- 5 years of experience in geriatric healthcare and Medicare part B billing/Primary Care billing
- Proficient computer skills, including Microsoft Office applications
- Ability to exercise initiative, and work independently with little supervision
- Must have excellent problem-solving and decision-making skills with the ability to work under pressure, manage conflict, and appropriately prioritize responsibilities
- Ability to effectively communicate with physicians, nursing facility staff, patients, responsible parties, and other members of the Genevive team



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- Knowledge of general accounting principles, revenue cycle processes, medical insurance, and associated regulations
- High degree of accuracy and attention to detail
- Ability to manage multiple tasks/projects, and deadlines simultaneously and to identify and resolve exceptions and to interpret data, proficient in data entry
- Customer service orientation and negotiation skills, including the ability to interface with third party payers
- Excellent communication skills, both verbal and written
- Previous experience working remotely

Essential Functions:

- Receives all incoming patient referrals to Genevive via phone, fax or email and processes accordingly. Handles all Genevive Primary Care referrals and forwards any DSNP/ISNP patient referrals to the DSNP/ISNP Team Lead
- Gathers, collects, and clarifies all patient information from nursing facilities, families, service providers, referring physicians, clinics, hospitals, and patients
- Maintains practice management system by entering accurate data, verifying and updating insurance, and claims information, handles carrier correspondence, manages EOBs, and keys payments received into the system
- Prepare, review, submit, and follow up with clean claims to various companies/individuals
- Collect, post, and manage patient account payments
- Investigates rejected claims to see why denials were issued and correct claims.
- Facilitate swift payment of invoices due to the organization by sending patient invoices, billing reminders, and making collection calls on outstanding balances as directed by supervisor
- Completes Claims Center daily tasks including charge review and claims inspector; creates and maintains custom claim edits and works the client action worklist
- Reviews and provides RCM weekly and monthly reports including productivity and financial reports as directed and completes action steps as necessary
- Provides timely and professional customer service, verify discrepancies by and resolve patient billing issues, answer questions from patients, facility staff, and third-party vendors.
- Informs supervisor of issues with equipment and billing software, and serves as point person for billing software issues, complications and submits service tickets through AMD
- Follows HIPAA guidelines when accessing and sharing patient information
- Maintains patient and business confidentiality
- Supports additional coding, billing, and practice management projects as needed
- All other duties as assigned



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Physical/Mental Demands and Work Environment:

- Requires sitting and standing associated with a normal office environment.
- Performs highly complex and varied tasks requiring independent knowledge and its application to a variety of situations, as well as exercising independent judgement.
- Requires the use of office equipment such as copiers, scanners, computers, telephones, and fax machines.
- May view computer screens for long periods of time.
- Must be able to prioritize activities when faced with competing demands.
- This position will have remote work capabilities and must have the skill set to work independently, exercising sound judgement, and maintaining high productivity levels.
- Remote work also requires high levels of electronic and telephonic communication.

The 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 job functions.

Employee Signature _____ Date _____