



**Position Title:** Billing Specialist

**Status:** Full-time

**Supervisor/Accountability:** Reports to Billing Manager; Collaborates across agency

**Position Summary**

The Billing Specialist is responsible for serving as an integral part of a clinical team with the core responsibilities of collecting, posting and managing account charges and payments. The Billing Specialist is also responsible for the submission of medical claims and must be well-versed in insurance matters. The Billing Specialist is responsible for performing clerical procedures related to verifying insurance information and benefit verification and obtaining authorization for behavioral health and SUD/ODD services in accordance with established rules procedures, specified time frames, and regulatory requirements. The Specialist processes clinical information in a timely manner to prevent treatment delays and to avoid denials from third party payers and maintains confidentiality of patient information.

**Duties and Responsibilities**

- Processes benefit verification and authorization for all new referrals with speed and accuracy.
- Process PA renewal requests by matching existing patient data with system data for clinical review
- Enter authorization into EMR
- Confirm eligibility of clients with insurance company
- Manage correspondence with insurance companies and consumers as required
- Review accuracy and completion of authorizations to ensure all supporting documents are present.
- Collaborate with other departments to assist in obtaining pre-authorizations accordingly.
- Review denials and submit appeals to get them approved from insurance companies
- Implement prior authorization workflow, policies and procedures.
- Gathering, coding, and transmitting patient care information.
- Collects, posts, and manages account charges and payments.
- Ensures adherence to HIPAA guidelines and clinic procedures.
- Participates in continuing education in the field.
- Prepares and submits clean claims to various insurance entities in compliance with Medicare, Medicaid and Third party payer guidelines by electronic or paper submission.
- Update patient's records in facility systems as needed
- Processes payments from insurance companies in a timely manner.
- Identifies and resolves patient billing issues.
- Assists patients with understanding their billing process.
- Prepares patient statements.
- Informs the Clinical Director or Medical Director of any issues pertinent to billing.
- Participates in staff meetings, training sessions, and other meetings as directed.
- Perform additional duties as assigned

- Serves as a resource regarding insurance resolutions and coding questions
- Other duties as assigned

**Qualifications**

- High school or equivalent (Required)
- Medical Billing: 1 year (Required)
- ICD-10: 1 year (Preferred)
- AAPC or AHIMA Coding certification (Preferred)
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**Skills/Knowledge**

Data entry skills

Analytical skills

Quality Focus

Time management skills

Professionalism

Attention to details

Financial skills

Documentation skills

**The Williamson Health and Wellness Center is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or status as a protected veteran. Persons with disabilities, veterans, women and minorities are encouraged to apply.**