

POMONA COMMUNITY HEALTH CENTER
Job Description

Revenue Cycle Analyst

General Information

Title:	Revenue Cycle Analyst
Department:	Billing Department
Supervisor:	Director of Revenue Cycle Operations

JOB SUMMARY

Position requires Medical Biller with strong analytical skills to post payments, review charges, and successfully process Medi-Cal CIFs, Appeals and all payer denials. Responsible to ensure accurate and appropriate billing, claims submission and subsequent follow up within 30 days of rejected claims. Maintain NextGen EPM patient accounts as well as all historical data pertaining to these files. Works with Revenue Cycle Director to identify and correct software problems to maintain PCHC medical billing procedures and processes.

Responsible for all claim submissions via EDI 837i/837p files and paper claims including importing 999,277, 835i/835p and posting electronic ERAs (Electronic Remittance Advice). Balances all payments posted to ERA/EOB and EFT (Electronic Fund Transfer) and confirms all monies are applied to appropriate patient encounters.

Reviews and confirms all patient balances are correct before sending statements. Statements are sent on a monthly basis.

Provides support services and other office functions within internal control guidelines.

JOB DUTIES AND RESPONSIBILITIES

1. Submits claims to all payers via clearing house or payer portal. Submits paper claims if required along with primary explanation of benefits as needed
2. Retrieves ERAs from clearing house and posts to practice management system
3. Ensures all payments are settled correctly to either the patient or secondary payer
4. Reviews denials for patterns and works denials within 30 days
5. Use EHR documentation to verify correct coding and medical necessity
6. Research and initiate activity to resolve charges and coding issues
7. Recognize the organization's payer mix and potential for additional revenue streams
8. Maintains knowledge of current industry regulations and communicates recent updates accordingly
9. Complete assigned tasks and assist with error resolution
10. Maintains required billing records, reports, and files

11. Count cash from each front office location and assist Director of Revenue Cycle Operations with batch posting.
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KNOWLEDGE, SKILLS, AND ABILITIES

- 1) Experience posting insurance payments, electronic claim submission, and EDI transactions
 - 2) Strong working knowledge of principles and practices of patient revenue cycle.
 - 3) Experience and working knowledge of Excel, MS Word, practice management system and EHR.
 - 4) Demonstrate skill in communicating effectively both orally and in writing.
 - 5) Ability to take directions and complete tasks on time.
 - 6) Good organizational skills.
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EDUCATION & EXPERIENCE REQUIREMENTS

- 1) High school graduate or equivalent.
 - 2) Preferred Certified Coder (CPC, CCS-P) with credential from either AAPC or AHIMA
 - 3) Knowledge of medical terminology, anatomy & physiology
 - 4) Knowledge of Medicare and Medi-Cal billing guidelines
 - 5) Experience in PC-Based Accounting, A/R functions, and Excel.
 - 6) 10 Key by touch; type 45 wpm.
 - 7) Skill in computer programs and applications.
 - 8) Three plus years' experience in related field.
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PERSONAL/BEHAVIORAL EXPECTATIONS

- 1) Displays ability to develop rapport across a broad range of personalities
 - 2) Refrains from participation in harmful gossip, dysfunctional group interaction and divisive behavior
 - 3) Displays courteous and professional behavior in all interactions with the public
 - 4) Works cooperatively with other staff members
 - 5) Displays flexibility in accepting, changing or carrying out assignments
 - 6) Adheres to dress code expectations, including fragrance-free requirements
 - 7) Displays sensitivity in a culturally diverse environment.
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PREFERRED QUALIFICATIONS

- 1) Two year degree in College Accounting, Business Management, or equivalent.
 - 2) NextGen Practice Management and Electronic Health Record
 - 3) Preferred knowledge of coding and clinic operations as it pertains to FQHCs (Federally Qualified Health Centers).
 - 4) Ability to work flexible schedule.
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SOFTWARE ACCESS

Insperty, NextGen EPM and EHR, Shared Drive R:\ Drive, Payer Provider Logins, and Microsoft Office Suite.

GENERAL POLICY

- 1) Foster an environment that promotes trust and cooperation among all staff members at PCHC
- 2) Inform manager or supervisor of matters of general interest and problem areas as such are determined or discovered
- 3) Maintain confidentiality of all patients and employee information
- 4) Attend PCHC staff and organization meetings as requested
- 5) Understands and adheres to PCHC's Policies and Procedures