APLA Health’s mission is to achieve health care equity and promote well-being for the LGBT and other underserved communities and people living with and affected by HIV. We are a nonprofit, federally qualified health center serving more than 14,000 people annually. We provide 20 different services from 15 locations throughout Los Angeles County, including: medical, dental, and behavioral health care; PrEP counseling and management; health education and HIV prevention; and STD screening and treatment. For people living with HIV, we offer housing support; benefits counseling; home health care; and the Vance North Necessities of Life Program food pantries; among several other critically needed services. Additionally, we are leaders in advocating for policy and legislation that positively impacts the LGBT and HIV communities, provide capacity-building assistance to health departments across the country, and conduct community-based research on issues affecting the communities we serve. For more information, please visit us at aplahealth.org.

**APLA Health is currently seeking a Healthcare Billing and Collections Specialist to join our team! We offer great benefits, competitive pay, and great working environment!**

We offer:

- Medical Insurance
- Dental Insurance (no cost for employee)
- Vision Insurance (no cost for employee)
- Long Term Disability
- Group Term Life and AD&D Insurance
- Employee Assistance Program
- Flexible Spending Accounts
- 10 Paid Holidays
- 3 Personal Days
- 10 Vacation Days
- 12 Sick Days
- Metro reimbursement or free parking
- Employer Matched 403b Retirement Plan
- **No weekend work**! Work business hours Monday – Friday

*This is a great opportunity to make a difference!*
POSITION SUMMARY:
The Healthcare Billing and Collections Specialist is responsible for timely and appropriate billing of healthcare claims to patients and third party payers.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Complete filing and follow-up of daily charge entry and submission of claims to health plans and IPAs, either electronically or by hard copy billing (secondary/crossover billing), securing medical documentation required by third party insurance as required.
- Ensure that all conditions for claim submission have been satisfied, including but not limited to: accurate charges and financial class; authorization/certification information; demographic and insurance information; ICD-10 and CPT-4 coding; patient insurance eligibility and benefit coverage.
- Submit all claims to clearinghouse on a timely basis.
- Compile and generate reports as directed.
- Understand and apply the Sliding Fee Discount Program as appropriate.
- Stay informed of changes in contracts, billing requirements and insurance types within area of responsibility; maintain knowledge of publicly funded programs, grants and third party insurance contracts including My Health LA, Medicare, Medi-Cal, managed care plans, PPOs, and HMOs. Stay current with legal and regulatory changes, and local and national trends, in coding.
- Understand and apply the Sliding Fee Discount Program as appropriate.
- Achieve and maintain days in A/R at best in class standards
- Address denials and resubmit claims as appropriate
- Work and submit all levels of appeals
- Post payments
- Follow-up with insurance carriers on unpaid claims until paid by correcting billing errors and resubmitting claims, contacting patients, contacting insurance plans, determining if a claim is a hardship case and what classification code or description should be assigned.
- Submit and follow-up on patient monthly statements; research patient inquiries.
- Evaluate accounts to determine any write-offs or corrections required, including duplicate charges
- Maintain current working knowledge of eClinicalWorks billing module.
- Maintain strictest confidentiality; adhere to all HIPAA guidelines/regulations.

OTHER DUTIES MAY BE ASSIGNED TO MEET BUSINESS NEEDS.

REQUIREMENTS:
Training and Experience:
High school diploma or GED required; Certified Professional Coder and/or Certified Professional Biller preferred. Must have at least three years of direct medical billing experience using the practice management system of an electronic health system. Dental and behavioral health services coding experience preferred. Must have a high level of accuracy and attention to detail to satisfy job requirements. Must have excellent analytical, problem solving and time management skills. Possess excellent organizational skills. Federally Qualified Health Center billing experience a plus.
Experience with eClinicalWorks or a similar electronic health record preferred (will train on eCW).

Knowledge of:
CPT, CDT, HCPCS and ICD-10 coding protocols, Medi-Cal, Medicare, managed care and private insurance coding and billing. Knowledge of FQHC billing protocols. Must be proficient in the use of Microsoft Office programs. Experience with professional and UB-04 claim forms.

Ability to:
Communicate effectively with providers, other staff, and outside vendors. Interpret and review insurance EOBs, determine claim denial reasons and follow-up with corrections and pursue proper course of action. Must be well organized and detail oriented. Work collaboratively in a team environment, have excellent writing skills and be able to prioritize effectively. Must have a high level of accuracy, excellent analytical, problem solving and time management skills.

WORKING CONDITIONS/PHYSICAL REQUIREMENTS:
This is primarily an office position that requires only occasional bending, reaching, stooping, lifting and moving of office materials weighing 25 pounds or less. The position requires daily use of a personal computer and requires entering, viewing, and revising text and graphics on the computer terminal and on paper.


To Apply:

Visit our website at www.aplahealth.org to apply or click the link below:
https://www.paycomonline.net/v4/ats/web.php/jobs/ViewJobDetails?job=41587&clientkey=A5559163F67395E0A2585D2135F98806