Immediate Opportunity for **Billing Supervisor** – Full Time

Are you looking for a rewarding position that offers an opportunity to give back to the community? Come join the ParkTree Community Health Center Team!

ParkTree Community Health Center provides comprehensive and integrative medical, dental, and behavioral health services to the local community in the Pomona and Ontario areas.

We are looking for an energetic, professional **Billing Supervisor** to join our team to oversee and direct our Billing Department.

**Job Summary:**

The position requires a billing professional with strong analytical skills to supervise all aspects of patient receivables. This role will post payments, review and process charges, as well as review billing with our vendors (Quest & Labcorp). Responsible to ensure accurate and timely billing of 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 in the Billing Department Folder on our shared drive. Works with Revenue Cycle Director/designee and billing team to identify and correct software problems to maintain PCHC billing procedures and processes in NextGen File Maintenance, EPM, and provides back-up and support. Communicates with front office staff and clinical teams to help assist and troubleshoot any billing discrepancies. Participates in clinician onboarding process and coordinates and provides up-to-date FQHC revenue cycle training. Provides updates and stays current on FQHC industry standards and educates applicable staff on changes and/or updates necessary to ensure accurate charge submission and patient demographics.

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 in a timely manner. Completes monthly closing processes and maintains accurate reports with supporting details.

Assists and/or prepares various reports as necessary required to complete annual UDS/OSHPD, Medi-Cal Reconciliation, Medicare Cost Report, Quarterly Medicare Credit Balance Report and PCHC Revenue Cycle Dashboard as well as monitoring of billing key performance indicators. Maintains data to support reported results in designated billing folder and available upon request.

**Essential Duties:**

- Complies with all mandatory trainings
- Submits claims to all payers via clearing house or payer portal. Submits paper claims if required along with primary explanation of benefits as needed.
- Retrieves ERAs (Electronic Remittance Advices) from clearinghouse and posts to practice management system and saves files in PCHC billing folder.
- Ensures all payments are settled correctly to all applicable encounter payers
- Review and Submits Medicare Credit Balance Reports
- Review and process both patient and third party refunds
- Reviews denials for patterns and works denials within 30 days
- Use EHR documentation to verify correct coding and medical necessity
- Research and initiate activity to resolve charges and coding issues
- Recognize the organization’s payer mix and potential for additional revenue streams
• Maintains knowledge of current industry regulations and communicates recent updates accordingly
• Complete assigned tasks and assist with error resolution
• Maintains required billing records, reports, and files
• Count cash from each front office location, complete batch posting, and prepare deposit. Notify applicable staff of any missing batches.
• Maintain confidentiality of all patient and employee information.
• Participate in development of billing/UDS training manuals and cross-training
• Ensures completion of Billing Inquiries from Quest & Labcorp
• Prepares and delivers current RCM training to clinicians during onboarding and as updates occur
• Completes other duties as assigned

Job Qualifications and Skills:
• Treat all patients and colleagues with dignity and respect
• Ability to work with diverse populations
• Flexibility with schedule and accepting, changing or carrying out assignments
• Experience posting insurance payments, electronic claim submission, and EDI transactions
• Strong working knowledge of principles and practices of FQHC revenue cycle.
• Experience and working knowledge of Excel, MS Word, practice management system and EHR.
• Demonstrate skills in communicating effectively both orally and in writing in a timely manner.
• Ability to take directions and complete tasks on time.
• Excellent organization skills
• High school graduate or equivalent.
• Preferred Certified Coder (CPC, CCS-P) with credential from either AAPC or AHIMA
• Knowledge of medical terminology, anatomy & physiology
• Knowledge of Medicare and Medi-Cal billing guidelines
• Experience in PC-Based Accounting, A/R functions, and Excel.
• Minimum 3 years’ experience in related field

Comprehensive Employee Benefits including:
• Comprehensive Medical/Dental/Vision benefits for Full-Time employees
• Paid holidays, vacation, sick and personal time
• Continuing Education Benefits, Retirement Benefits

ParkTree Community Health Center (PCHC) is an equal opportunity employer. PCHC does not discriminate on the basis of race, color, creed, national origin, veteran's status, medical condition or disability, religion, ancestry, age, sex, marital status, or sexual orientation in accordance with all applicable requirements of Federal and State laws.

To apply please send your resume (in PDF or Word Format) to: misty.benson@parktreechc.org