



INSURANCE SPECIALIST Full-Time

Posting Number:	HR074108	Posting Date:	May 3, 2022	Date Available:	Immediately
Position Summary:	The Insurance Specialist will process accurate and timely billing to insurance carriers and to ensure correct payment is received from them in a timely fashion.				
Essential Job Duties:	<p>Works assigned work queues in CPSI system daily. Processes secondary or tertiary claims as needed by accurately attaching the appropriate primary EOB prior to submission. Accurately appends insurance information on coverage records in revenue cycle system within 24 hours of receipt. When necessary, verifies information via various electronic means. Maintains work queues generated by electronic submission of claims, correcting errors and reprocessing claims as needed. Via work queues and receipt of correspondence from insurance carriers, provides follow-up of unpaid (or incorrectly paid) claims as dictated by department policy. Submits corrected claims as needed and processes appeals for incorrectly denied claims. Processes write-offs as needed and as dictated by department policy. When available, processes on-line adjustments to insurance claims. Complies with audit requests by insurance carriers in a timely fashion. When necessary, reviews medical records and resubmits claims with appropriate documentation to expedite claims processing (adhering to confidentiality requirements). Accurately processes corrections on accounts with each action taken and each contact made. Responsible to keep up to date with current insurance billing requirements and changes by reading payer newsletters, reviewing websites and other publications. Participates in payer meetings, developing relations with payer representatives and assisting with troubleshooting and problem-solving processes. Actively participates in departmental; and/or organizational process improvement initiatives. Assists in other areas of the department (payments or coding) as needed. Assists providers and staff in other departments with insurance and billing inquires in a friendly and professional manner while on the phone or corresponding through mail. Assists in maintaining a neat and professional workplace. Works on special projects related to A/R clean up as requested by department leadership. Other duties as assigned.</p>				
Qualifications:	High school diploma or GED. Previous experience in health care billing, medical terminology, ICD-9/10 and CPT coding highly desired. Graduation from a recognized medical billing program desirable. Two years prior experience in a hospital business office preferred. Insurance billing and follow up experience will substitute for collection experience. Medical billing terminology and knowledge of insurance payers desirable. Good communication skills, both oral and written.				
Position Wage Range:	MIN: \$	17.26	MAX: \$	23.79	Sign-on Bonus: None
Schedule:	Days:	Monday – Friday		Hours:	8:00 am – 4:30 pm
Department/FTE:	Patient Accounts			FTE:	1.00
Physical Requirements:	Benefit eligible? YES				
Physical Requirements:	Please see full Job Description in Human Resources				

INTERESTED CANDIDATES – PLEASE APPLY	
MAIL OR APPLY IN-PERSON:	Three Rivers Hospital Human Resources Department PO Box 577 507 Hospital Way Brewster, WA 98812 (509) 689-2517
APPLY ONLINE:	www.threerivershospital.net
HR CONTACT EMAIL:	opportunity@trhospital.net
<i>Three Rivers Hospital is an equal opportunity employer.</i>	