

MEDICAL CLAIMS AND BILLING REPRESENTATIVE

DESCRIPTION

The Medical Claims and Billing Representative position for Appalachian Mountain Project Access functions in a non-profit, non-clinic setting and has the responsibility of tracking medical care donations by processing claims and bills received. The Medical Claims and Billing Representative will build relationships with medical practice billing departments with a positive attitude and detailed knowledge of the organization.

JOB DUTIES INCLUDE

- Receive, Review and Track incoming claims by medical providers
- Track scheduled medical appointments to determine estimated donated care and stay within allotted budget
- Track and request missing claims
- Request donated care from non-participating providers
- Build relationships with various billing contacts throughout the network of volunteer medical providers
- Enter claim in database and spreadsheets
- Work with Care Managers to educate and assist patients with medical billing information
- Enter claims and billing notes in database
- Compile and maintain reports for claim information regarding donated care, appointments and diagnosis
- Update patient information to include insurance/program eligibility changes
- Work to rectify billing/claim errors
- Assist with converting to electronic files
- Aid in creating process documents
- Assist in database clean-up
- Aid in answering phones and directing calls (cross-training)
- Assist with other activities as assigned by the Executive Director

JOB EXPECTATIONS INCLUDE

The Medical Claims and Billing Representative will be able to navigate Microsoft Office products such as Outlook, Word, Excel, Power Point; an email account and shared calendar; operate office equipment such as a copier/printer/scanner, postage machine, etc. S/he will be able to make appropriate and competent detailed notes into a database system. S/he will be professional as well as get along with a small office staff. The Medical Claims and Billing Representative will be able to communicate and interact with medical providers and staff as well as patients and patient families. S/he will maintain confidentiality of all patient data and organization operations/strategic planning. S/he will adhere to a Code of Ethics and perform in

keeping with the organization's Policies & Procedures, Employee Handbook, and all applicable laws/regulations. S/he will either have or gain knowledge regarding medical terminology, health insurance programs, and community resources. S/he will maintain empathy while establishing and preserving appropriate boundaries. The Medical Claims and Billing Representative will be willing to learn, teach, and advocate for the organization's mission, vision, and various program aims. S/he will be punctual, dependable, flexible and able to contribute to tasks and projects that may not necessarily fit within the above job description.

JOB QUALIFICATIONS INCLUDE

- Associate's or bachelor's degree in related field
- Prior experience with medical claims or in a related field (*experience may be considered in lieu of degree*)
- Spanish-Speaking Bi-Lingual a plus
- Excellent written and verbal communication skills
- Strong Organizational skills
- Solid Critical Thinking Skills
- Competency in Microsoft applications including Word, Excel, and Outlook
- Good time management skills
- Experience with administrative and clerical procedures
- Must be able to adapt to stressful and quick changing environment
- Must pass background check and drug test
- Some travel may be required

Salary: \$21-26K per year depending on experience (extensive PTO package offered; medical benefits not offered)

Submit Cover Letter, Resume and References to:

Email: Andrea@projectaccesseasttn.org or Fax: 423-232-6707

For more organization information please see attached brochure or visit www.projectaccesseasttn.org